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ROYAL COMMISSION ON MATTERS OF HEALTH
AND SAFETY ARISING FROM THE USE OF
ASBESTOS IN ONTARIO

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ROYAL COMMISSION

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ROYAL COMMISSION ON MATTERS OF HEALTH AND SAFETY
ARISING FROM THE USE OF ASBESTOS IN ONTARIO

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Ontario Room
McDonald Block
900 Bay Street
Toronto, Ontario
Friday,
February 20, 1981
11:00 a.m.



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ROYAL COMMISSION ON MATTERS OF HEALTH AND SAFETY

ARISING FROM THE USE OF ASBESTOS IN ONTARIO

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MR. JOHN BALL			
MR. DON MacMILLAN			
MR. HAROLD TAKAYESU			
MS. TEENA FLOOD			

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THE FURTHER PROCEEDINGS OF THIS INQUIRY
RESUMED PURSUANT TO ADJOURNMENT

APPEARANCES AS HERETOFORE NOTED

DR. DUPRE: Good morning, ladies and gentlemen. May I invite, please, our first presenter, Mrs. Betty Glaser. Mrs. Glaser, you are most welcome, madam. If you wish to go to a microphone at the table and please make yourself comfortable.

MRS. GLASER: May I bring my sister-in-law along?

DR. DUPRE: Please.

Mr. Oland, Mrs. Dodds.

Mrs. Glaser, you are welcome. Please proceed.

MRS. GLASER: Good morning, everyone. I am speaking on behalf of my husband, Gus Glaser. At present he is home. He has been in the hospital, he is home five weeks.

I am very aware of what asbestos can do. In the last six months we have lost two members...I said I wouldn't cry...just one minute. My brother-in-law died like an animal, just like an animal. That's her husband. My

MRS. GLASER: (cont'd.) uncle, the same.

5 I'm sorry. You'll have to bear with, but we have been going through a very trying period for the last six months. My brother-in-law Alf, Harrietta's husband, worked in Johns-Mavnille thirty-some years, I believe. A year ago...I have notes, but I'm not going to read them. I want to explain this. A year ago my brother-in-law, Alf Glaser, he was worried about his brother Gus, my husband. Gus has asbestosis from 1971. He has lived in the hospital. If he is home three months out the year, I'm lucky.

10 Alfred worried about Gus. He figured, I'm healthy. Nothing is wrong with me.

15 A year ago he came to the hospital where Gus was in Scarborough. He said to me, Betty, I don't know what's wrong with me. I've got stomach pains. And he had lost a lot of weight. He still was concerned about Gus, because Gus was not doing very well. He takes oxygen...Gus lives...without oxygen, Gus cannot move.

20 We didn't think too much of it. We said, okay, it's gall bladder, gallstones. He went through, I believe, two or three months, examinations. In January they opened him up. His doctor...first they said, oh, well, there's nothing wrong with you, you can go back to work.

25 In January, he went to the Toronto General Hospital, they opened him up, he was full of cancer - rectum, stomach cancer, you name it, he had it.

Well, if anybody wants to know what asbestosis is, they should have come and watched him. We've had a good taste of it. He went down from two hundred pounds to about a hundred and thirty. He was a skeleton.

30 They examined him regularly, they take x-rays. Well, what the heck do they take them for if they don't see it? They wait until a man dies? She's a widow now. He has had

5 MRS. GLASER: (cont'd.) nothing from his life. The man was fifty-two or fifty-three, and they say, well, oh, well, you are only number two, you are number three. My husband was let out of the company...he had a spot on his lung. What did they say? They said, oh, there's nothing wrong with your lung, it's your arthritis. My husband has arthritis, but it has been proven that asbestosis causes arthritis. I have details, I have records, I have written, read medical books. Doctors won't admit it because one doctor is afraid to speak because he might step on the toes of somebody else.

10 Not only did we lose my brother-in-law in October, five weeks previous my uncle died. Asbestosis of the lung. He had a cancer, I believe, I'm not quite sure where it was...in his stomach. In the stomach. He died.

15 You mean we, my family, we don't know about asbestosis? How much more can you take? Three and a half years ago a dear and close friend, lifetime friend, died - Mike Litki. He wasn't sick. He had a little bit of arthritis. He died of cancer throughout - everything. They opened him up and they closed him, and he died.

20 Now I'll try to read this. I know about arthritis. I have lived with it twelve years, and we haven't had...and who has supported our family? I have. Between running to the hospital and trying to get part-time work. What did they pay my husband when they found out? A hundred and thirty-five dollars a month. Can you live on a hundred and thirty-five dollars a month? Tell me!

25 When Gus first started to work in Johns-Manville in 1950, he manually dumped asbestos fibres - if any of you now what asbestos fibre is. He dumped it into what they would call - you would know - a hopper. It was composed of asbestos fibres, silex and cement. It was dumped into a hopper. They didn't wear any coveralls. They had some makeshift respirator

30

5 MRS. GLASER: (cont'd.) of sorts. It did not work. The dust would accumulate inside the respirator and it would get wet, and you couldn't breathe. So what did the men do? They took it off and threw it away. Under these conditions? He wouldn't have worked...we were too stupid, we were not told that there was asbestosis. The company knew before 1950, they knew the dangers, but nobody would tell them. They waited until the men died one by one, and now they still give us a rough time.

10 Gus worked there for three years, and others worked there, and they were exposed to one hundred percent, not fifty percent, one hundred percent of asbestosis.

In 1968, my husband began having pneumonia, pleurisy. His lungs collapsed. Still, it wasn't taken very seriously.

15 In 1971, my husband had to leave work in 1969. He worked twenty years in Johns-Manville - not quite twenty, nineteen and a half.

20 In 1971, through Alfred's insistence, we put in a claim for asbestosis. He was seen by the advisory committee on occupational chest disease, who indicated that at that time there were no changes to warrant a diagnosis of pneumoconiosis.

25 In 1973, he was re-examined. Finally they found that he had mixed dust pneumoconiosis. A disability award was given to us. At that time I was told it was twenty percent. I phoned a factory several months ago. They told me at that time Gus had forty percent, and he still is classed at forty percent, even though he is dying he still only has forty percent.

30 Gus was admitted in and out of the hospital for the last ten years. Each time...now mind you, he has arthritis and other related diseases...but each time he was treated for respiratory ailments...pneumonia, pleurisy, collapsed lung, bronchitis. He had all of it. That he lives

MRS. GLASER: (cont'd.) today, he is a miracle so they say. What kind of miracle, I don't know, because he is not living.

5 Each time he had to use more oxygen. Right now, in our house, we have two big tanks. They are this high. Each tank holds thirteen thousand, eight hundred litres of gas. My husband has used four...can you imagine...four per week! He now is on two.

10 The Workmen's Comp still claims my husband's problems are not respiratory. Well, what are they? Why are we using oxygen? You don't use oxygen for arthritis.

15 I would like to point out that the crew that Gus worked with in 1953 on machine number one and two...you probably know what type of machine that is...Joe Aldridge, Danny Smith, Willie Baker, Gerry Middleton and my husband. They are all dead. Every one of them. My husband Gus is the only one left.

20 Now does that mean there is not asbestosis when five men work on one job and there is only one left and he is dying?

25 The company didn't pay too much attention. They claimed the men smoked. My husband never smoked.

30 I think the time has come now that Johns-Manville and Workmen's Comp take full responsibility for the hazards of asbestosis. They knew long before the factory opened in 1949 the dangers that existed. They never informed their employees, and when some of the employees had spots on their lung, it was hidden, my husband being one of them.

Do any of you really know, any of you that are here, know what happens what asbestos fibre gets into your lungs? Well, I'll tell you. When a person inhales asbestos fibres and the fibres get down to the air sacs in the lung, the body has no way of getting rid of them. The body

5 MRS. GLASER: (cont'd.) can't destroy the fibres
or degrade (sic) them. The reason why the fibres cannot be
broken down is the very reason why asbestos is so valuable
for fireproofing and so on, it's virtually indestructible.
10 So instead of destroying it, the body surround each fibre
with a scar to wall it off. When a scar forms, it becomes hard
and unelastic and pulls in the surrounding tissue. It makes
a dent in you. In the lung the scar formed from asbestos fibre
does the same thing. The air sac is frequently ripped apart from
the pulling in of the scar tissue. Eventually an asbestos-
affected lung becomes so hard and inelastic, so rigid, the
work of breathing is increased, the lung doesn't transfer
oxygen to the blood adequately, the heart is forced to work
harder, and in many cases heart attacks occur.

15 They who don't die of asbestosis or complications
arising from it have a better-than-average chance of contracting
one of the several cancers associated with the asbestos
exposure. It has been stated by some of the American doctors,
and this was on Sixty Minutes, that pneumoconiosis does cause
arthritis and rheumatism.

20 The insurance companies as far back as 1918
were declining to insure asbestos workers. The companies
had stumbled onto certain facts of death. Facts of death
which government and industries were not willing to acknowledge
until decades later.

25 Asbestos workers die at a high rate from
asbestosis, a disease caused by severe scarring of the lungs.
They die at excessive rates from cancer, gastrointestinal
cancer, cancer of the colon, the rectum, esophagus, cancer
of the lining of the chest, abdominal cavity. It is little
wonder that back in 1918 asbestos workers were considered bad
30 insurance risks and the odds against them are little better
today.

5 MRS. GLASER: (cont'd.) In Canada, governments and corporations have casually gambled with the health of asbestos workers. That is in 1918 they knew about it. Why did Johns-Manville get away with it? Tell me! Why did they get away with it when they knew then, they knew!

10 I believe that the expense of human lives over the last few years can never, never be fully compensated. I feel that anyone having any percentage of asbestosis should be one hundred percent compensated, not allowed to continue in the factories. The wives of many of the deceased should be given full compensation without any problems, and having to go through so much red tape. And yet with all this knowledge available, Workmen's Compensation still persists in giving the men and their families such a difficult time. If the 15 doctors would be honest to the patients' condition, many of the patients go...many of the workers go to their doctors not feeling well. The doctors know, a lot of them know what is going on, but they are not being honest. They would give the men a few years time to get out of there and enjoy their families and not die like rats.

20 In all Gus's years of illness, only one doctor... and it's not ours...said to me, took me aside, Mrs. Glaser your husband's problems all stem from his lungs. When I asked him to put it in writing, he said he couldn't, it's not ethical.

25 I'm open for any questions. I could go on and on. As I said, I have gone through so many years of this, I would just like to state before I am open for question that my husband received in 1973 an award of a hundred and thirty-five dollars and fifty cents a month. At that time I had a teenage son and myself to look after. Now can you honestly tell me, 30 can you live on that? And I'm not a welfare case. Before I would go and accept welfare, I would scrub floors.

5 MRS. GLASER: (cont'd.) I had been very fortunate that I had been working in the bank when I could, and have had a lot of assistance from my family. But what about the other ones? The wives who have five and six children and don't have the help I do from my family? What are they supposed to do, beg? And it's not their fault. Tell me!

Thank you.

10 DR. DUPRE: Thank you so much for opening yourself to some questions, Mrs. Glaser. I have just one. When you refer to the workers who were on the same crew as your husband in 1953...

MRS. GLASER: Yes.

15 DR. DUPRE: ...all of whom are now dead, do you by any chance happen to know what they were alleged to have died of, and what kind of treatment they received in terms of worker's compensation?

20 MRS. GLASER: No, that I don't have. I probably could get it from the president, but right now, no, I do not. I did mention the names, my husband, I was telling my husband about today and he said to mention that all his crew are dead - all of them.

DR. DUPRE: You mentioned their names, if I remember right, a moment ago, so it will be on the transcript.

MRS. GLASER: Yes.

25 DR. DUPRE: But could I ask you, please, to just mention them again slowly so that I could write them down, because it always takes awhile for the transcript to get to us and...

MRS. GLASER: Joe Aldridge.

DR. DUPRE Joe Aldridge.

30 MRS. GLASER: Danny Smith - they were my neighbors at one time.

DR. DUPRE: Danny Smith.

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MRS. GLASER: Willie Baker. Gerry Middleton.

DR. DUPRE: Excuse me. Willie Baker?

MRS. GLASER: Sorry. Yes.

DR. DUPRE: Yes?

MRS. GLASER: Gerry Middleton.

DR. DUPRE: Gerry Middleton?

MRS. GLASER: Yes.

DR. DUPRE: Those are the four.

MISS BAIRD: Mr. Dupre, I have files on all those people and will be submitting it with the other medical evidence in a few weeks.

DR. DUPRE: So you will have some background?

MISS BAIRD: Medical background and compensation background, on all of them.

DR. DUPRE: So at least all of these instances did go, all of these cases did go to Workmen's Compensation?

MISS BAIRD: Yes, they did.

DR. DUPRE: You don't happen to know offhand whether..

MISS BAIRD: No. I have looked at about three hundred, so to remember six of them is impossible. But as far as I recall, they all had asbestos-related deaths and received some compensation.

DR. DUPRE: I see. Thank you, Miss Baird. I appreciate that.

Dr. Mustard, please.

DR. MUSTARD: I'm not sure which one of you might want to answer this question, but the story about your husband's colleagues, I think, is an important one and I wondered if other workers in the plant that you may have known or the union may be looking, I wonder if you do have traces on people who worked in the Johns-Manville plant during that time, who may have left the employment and gone someplace else, and what

DR. MUSTARD: (cont'd.) has happened to them.
Do you have records on that?

DR. DUPRE: Please, Mrs. Glaser.

MRS. A. GLASER: There was a man who worked only for eight years for Johns-Manville, and he died about, I would say now, four or five years ago, and it was asbestos. And he had left the plant for about ten years, and he still died of asbestos.

DR. MUSTARD: Did he get compensation?

MRS. A. GLASER: No.

DR. MUSTARD: Do you have his name?

MRS. A. GLASER: Novak? Novak.

MRS. GLASER: She moved, did she not?

MRS. A. GLASER: No, she lives in Ajax.

MRS. GLASER: I know who it is.

MRS. A. GLASER: But for some reason they didn't trace the widow down, they didn't try to...the union was trying to trace her down, but the company never made an effort to look after it. She is...today I know she is without compensation, and surely he died of asbestosis.

See, my husband died of asbestosis and he had, just a couple of months before that, he had his routine x-ray that they have every six months, a complete x-ray, his inhalation test and all that. It was always number one. 'Alf, you haven't got nothing to worry about.'

Well, a couple of months later he had pains, he couldn't sleep through the nights, he couldn't eat, he would bring his lunch back, he would fall asleep at work, he came home and this was going on from September. In September he had an attack, they took him into...I took him into the emergency. They x-rayed him, looked after... 'Mr. Glaser, it's pneumonia.'

They gave him a shot, they gave him medication for pneumonia. It was a couple of weeks, was fine for another month until in October again...this was in September. In October

MRS. A. GLASER: (cont'd.) he had these terrible pains again. That was 1979 on Thanksgiving. He had these pains again, and it was always in his right side, down here, he said, always to the back.

So I took him into emergency again, I phoned the doctor..well, bring him in, it's probably not much wrong.

So I took him in to the emergency, they x-rayed. Well, it's ulcers and Alf's ruptured. They said he had a rupture in the stomach and that comes from that gas, the pain.

So they kept him in for a week for observation, sent him home. It was...his kidneys weren't functioning right, prostate gland problems, ulcers, everything else but asbestosis was mentioned.

So this was October. In November, all November he wasn't feeling well. He was going to the doctor once a week, he went to the doctor twice a week, he was sent to a specialist. They looked after him and they said, 'well, Alf', the specialist at one time said, 'I don't think there is nothing wrong with you. I can't find anything wrong with you. It's just your ulcers. Try and diet.'

Well, he dieted. He lived for the last three months at home on porridge and milk, that was it.

So January 20th, I was on night shift. I stayed longer in bed and he got up in the morning and he sat up, I came in the living room and he was crying. So I said, what's the matter? He said, 'I can't bear these pains any longer'. I says, 'Where have you got the pain?' 'It's again my side'.

So I phoned the doctor and she says, bring him into the emergency then at 1:00 o'clock. So when I took him in...he didn't eat, he lost a lot of weight, but in his belly part he would get bigger and bigger and bigger.

I said, there is definitely, doctor, something wrong with him. A person can't get big in the waist and not

MRS. A. GLASER: (cont'd.) eating for months now.

5 So they took him in, they x-rayed and they did tests for two weeks. They couldn't find a thing. I said, why don't you send the man to a hospital where he can be looked after, where they have a scanning machine, scan the body so it could be known what he has.

10 So they brought him into Wellesley, scanned him and it showed pancreas problems. Took back to Ajax for another week, but he was so big in the waist that it looked like he was exploding.

15 So I said, isn't there anything you can do? Then they thought of draining. They drained one day, two quarts of fluid from his belly part. Two days later there was another two quarts of fluid, they took that. But they still kept him there.

20 So I went after, I said, send him to Toronto to a hospital where they have knowledgeable people, where they know something about asbestosis, because it looks suspicious to me.

25 So then they transferred him to General on the fourth of February. They still ran x-rays until the twelfth, and then they came in and they said we have a fairly good idea what it is, but we won't know really until we open you up.

30 So when they opened him up, they closed him down and they said to me, there is nothing that we can do, it's too far gone. I said, what is it? A tumor in his abdominal part - a tumor. I says, couldn't you take it out? If we would take that out, there would be nothing left.

35 So I said, how long has he got to go? It could be days, it could be weeks, it could be months...at the longest, a year.

Well, he lasted nine months. He couldn't even

MRS. A. GLASER: (cont'd.) take chemotherapy. They gave him one chemotherapy and he had a relapse on that. They gave him the second chemotherapy, it was the same thing, and once doctors really know that the person is so sick, they don't try very hard, which is not nice. When a person works for a company, for thirty years he worked there, he worked there for these thirty years. He gave his life for that company, and then they treat him just like he was nothing.

So I talked to the doctor...they transferred him from General, he was in General from the fourth of February until the twenty-seventh. There was nothing that they can do, just medication, so he wanted to go home.

There was a doctor that was going to take him over and look after him well... 'I do anything I can do for him'. So I brought him home and he was in a fever day and night. He used to get delirious. They promised me social help twice a week. I never seen nobody. I haven't got no medical knowledge. I know he has a fever. I could give him maybe a couple of pills whatthey prescribed, maybe something else, but I didn't know anything else.

So after two weeks, I phoned the doctor and I said, isn't there any help? You promised so much help. Where is it? He says, 'well, bring Alf into the hospital for a checkup.' When I brought him, he gave him a chest x-ray, everything. When he came out, the girl that did the x-ray, she says, Mrs. Glaser, did you know your husband has pneumonia? I said, no. Well, she said...so when I went home I said to Dr. Camsig, I said will you let me know or should I phone you what's wrong with my husband? 'I phone you as soon as I read the x-ray.'

So he read the x-ray, but it took from Thursday and I waited Thursday, Friday, Saturday, Sunday, and Monday, two o'clock I phoned back. I says, Doctor, what's wrong with

MRS. A. GLASER: (cont'd.) Alf? He is in fever day and night. I am up all night, I can't sleep.

5 He says, 'Oh, yeah, I forgot to phone in for antibiotics'. Five days later! Five days later! And this was a doctor that promised to take the best care he can do for him. See?

10 MRS. GLASER: Well, I would like to add, with asbestosis, as I know from my husband, I have learned over the years to give my husband needles for pain, you do run a fever. There is something in the asbestosis that does cause pneumonia. Well, it tells you that in the medical journal anyway, but you do have...I know my husband has pneumonia practically every year. He runs a fever constantly, he is on antibiotics...more on than
15 off. Naturally if you are going to have so much in you, your system isn't well. Everyone that has seen Gus knows that... Gus, what is keeping him alive? No one knows. Whether he has just got a strong constitution..because he is a very, very ill person. I try to keep him home as much as I can, which I would say three months out of a year is not very much, is it? Three months, four months.

20 But at least what we are...at least what I feel now, you cannot bring the men back. They are dead. But don't you think something should be done that it doesn't happen to others? And don't you think that the women, widows...how many widows...I believe there was one here this morning I spoke to. Her husband died. He was an employee of Johns-Manville.
25 She is not being compensated. Is that right? Isn't it enough that they lose their husband? And what do they give now for full compensation? Four hundred and ten dollars.

30 All right, so you get married when you are twenty, you raise a family and you live with a man for thirty years and you're fifty. Now at fifty can you live on four hundred dollars a month? Are you supposed to get out now and

5 MRS. GLASER: (cont'd.) start working? I have devoted the better part of the last ten years looking after my husband. Even when he was in isolation I practically nursed him. My sister-in-law knows it, neighbors know it, friends know it, our pastor knows it, from our church.

10 All right, as I say, I've been very fortunate. I have a very good family that has helped me. But what about the others? And even myself, I find the strain very difficult. Up to last year I was thinking of selling our home because our taxes have gone up so high. My mother says don't do it, it will kill Gus if you sell your house now. I said, yes, but Mother, our taxes are a thousand dollars. Great! We get four hundred and five dollars compensation, my husband receives, plus Canada Pension, he gets a bit at Johns-Manville. Fortunately for us, we left...when Canada Pension came into effect my husband didn't take the money out, so we get a little better than a hundred and seventy dollars from Johns-Manville. We left our own money in.

20 So we have a total income of seven hundred and eleven dollars. Okay? We don't have any children. I lost, we lost our son five years ago. It's just my husband and I. I manage. I can manage on it. I am a very good housekeeper, believe me! Then I do work for my brother when I feel I need extras.

25 But again, is it fair? Isn't it enough that we see our husbands suffering and dying, and then they say four hundred dollars? Sounds terrible, doesn't it? To talk about money when men are dying? But let's face it, if you haven't got the dollar, you are not going to live in your home, and you're not going to be warm, and you're not going to have any telephone, because they turn it off. They don't give a darn if your husband is sick or what. I have the pastor come up to me, he said, Mrs. Glaser, are you managing

30

MRS. GLASER: (cont'd.) all right? I said, yes, thank you, I am..thank God.

5 But I have thought several times about selling our home and thinking well, I could use the money, go into an apartment, it will give me a little more money to live on. Is it fair? Is that fair? And through no fault of our own. A man, a young man in the twenties...I know so many of them from the factory...went in there thinking we are going to do a good job. The company right from the beginning was not
10 honest and this is my...I think this is what makes me more angry than anything, that things like this can happen in Canada, that men can go in there and work and they find it and then they still give the people such a hard time.

15 To a lot of people maybe earning twenty...nowadays to have a decent standard of living, let's face it, you need at least twelve to fourteen thousand dollars if you want to maintain a home. Forty-eight hundred dollars? Six thousand? That's below...what do they call it? Poverty. The poverty line. Okay.

20 So, I'll tell you one thing I would like to see be done. I think all the employees at Workmen's Compensation should be kicked out. There is a Doctor Roose there, and all Doctor Roose does is just sits there and talks. I have a notation here, you can speak to him, I don't think he likes me very well because I told him that my husband deserved more than forty percent, what he was getting. That
25 I felt in my heart he had cancer, because why is he so ill? If you have forty percent, you mean to say if you get forty percent in 1971 it's going to stay at forty percent? Let not kid ourselves. Cancer spreads.

30 They can't open my husband up and I told him a few years ago, wrote him a letter, I said, Dr. Roose, my husband has more cancer than what you think, asbestosis is

MRS. GLASER: (cont'd.) cancer, it turns to cancer. What did he tell me? 'Oh, Mrs. Glaser, we'll try to get you some money from the welfare'.

I said, I don't want any welfare. I said, all right, then you look after my husband and I'll go to work full-time. I'm a bookkeeper, I can work in the bank.

That wasn't his attitude. He wrote, he phoned me because I told him very pointedly, I don't swear, I said, you go to hell. I don't swear. I was so angry I said, you know Dr. Roose, you are not here to help the men. He just sat there and repeated over like a broken record, 'well, Mrs. Glaser, we have other means of helping you'.

Is this what we get? They should clean house, starting at Grosvenor. Get a whole new bunch of people in there who are sympathetic with the asbestosis people. That might be one step. And then think about giving them a little bit more money to live on.

DR. DUPRE: May I please, Mrs. Alf Glaser, ask you if you can briefly fill me in on your husband's experience with the WCB, and your own? Did he have a partial disability pension from the WCB, and if so, for how long prior to his death?

MRS. A. GLASER: Prior to what?

DR. DUPRE: Prior to his death when he was suffering from asbestos-related disease.

MRS. A. GLASER: No, because it was always okay, until the end.

DR. DUPRE: I see. So he never had a disability pension?

MRS. A. GLASER: Never, never!

DR. DUPRE: What about the survivor benefits? Have you received survivor benefits?

5 MRS. A. GLASER: Well, I haven't got no complaints about money. Compensation went through fine and Canada Pension, his Canada Pension, it took...I got the first cheque last week from Canada Pension, which they told me right away it takes about six months to go through. But what bugs me is Canadian Johns-Manville. They are...he died for Johns-Manville. He worked for Johns-Manville for thirty years. They were the last ones to come in and they still wouldn't have given me that cheque, they still wouldn't have sent it...my lawyer, 10 I was going to make an appointment with my lawyer. I even didn't complain that it wasn't there yet. I figured, well, maybe it takes a little longer time, it will come.

15 So I had to have an appointment to clear up the estate and things, and he asked me, did you get anything from Johns-Manville yet? I said, no, but I think it will come in.

20 So the lawyer sent Johns-Manville a letter asking them why I didn't get that years-of-service money, a hundred and forty-nine dollars a month. They didn't know at Scarborough plant here. They phoned back to Denver and enquired there why it took so long to send me the money. They apologized here at Johns-Manville for that, and last week they sent me the cheque. That was October, November, December and January. That was the first cheque.

25 Well, Canadian Johns-Manville, I feel, should have come in first.

30 DR. DUPRE: May I, Mrs. Glaser, ask you this? You have mentioned Canada Pension and you have mentioned Johns-Manville. Have you received anything from the Workmen's Compensation Board?

MRS. A. GLASER: Oh, yeah.

DR. DUPRE: Oh, you have?

35 MRS. A. GLASER: They were first, they were first. I can't complain on Canada Pension, on Compensation.

MRS. A. GLASER: (cont'd.) No, for me it went fine, because my husband's case was right away. It was meso....

5 DR. DUPRE: Mesothelioma.

MRS. GLASER: Well, when you have a hundred percent, they give it to you. Right?

MRS. A. GLASER: So that was fine.

10 MRS. GLASER: How many of the women aren't getting it because they claim the man hasn't got a hundred percent asbestosis? Is that fair?

Because Alfred, this is my brother-in-law, Alfred died...and he died horribly...he had a hundred percent. The other lady at the back, she was telling me...what was her name?

15 MRS. DODDS: What was it, Bartlett?

MRS. GLASER: I just met her. Baden?

MRS. DODDS: Barney.

MRS. GLASER: Bernie or Barney? Barney.

Mrs. Barney was here.

20 But what I think now...she hasn't received any compensation because her husband hasn't got a hundred percent. I think she is still fighting the case.

25 MRS. A. GLASER: For the widows that have to fight their case, it's bad, and I know a lot of cases in Johns-Manville now that they had on their medicals when they go for their medicals, they have already for a few years this number two, three and four. And Johns-Manville still keeps these people in. Why not send them out while they are still alive and rehabilitate them for a different job and give them their compensation what they deserve from Johns-Manville, that they still can live a bit.

30 I have a nephew in there that worked with my husband, together. He works in there now for thirty years.

5 MRS. A. GLASER: (cont'd.) He has number four, number four or number five now. But they still keep him in. They have their union contract now, and was it April, May...people like that with such a health hazardous job, they should be compensated, in my point of view, at least with twenty-five years, if not twenty, and get out.

DR. DUPRE: May I, please, recognize the lady who has just come to the presenters' table. You are Mrs...?

10 MRS. BARNEY: Jean Barney.

DR. DUPRE: Mrs. Jean Barney? Yes, madam?

MRS. BARNEY: Well, I don't know really what you want to know.

DR. DUPRE: I understand that you are caught in the web of...

15 MRS. BARNEY: Of Workmen's Compensation.

DR. DUPRE: ...disability pension versus survive benefits?

20 MRS. BARNEY: Yes. No, I have not heard from Workmen's yet, even though the claim was put in, I think, three days after he passed away. I have never heard a word from them since.

DR. DUPRE: May I ask if Ms. Baird knows about your husband's case?

25 MRS. BARNEY: No, because I was going to...I think I phoned your office yesterday and I was going to put in a report on what has taken place because it's mostly been with Workmen's Compensation. They don't seem to recognize me.

DR. DUPRE: So we will be getting...

MRS. BARNEY: Because my husband did die, they said, of the cancer of the jejunum.

30 They...I don't know if it's going to say that's not right.

DR. DUPRE: Okay.

MRS. BARNEY: You see, I don't know what's taking place there.

5 DR. DUPRE: Okay.

MRS. GLASER: How long did your husband work at the company, if I may ask?

MRS. BARNEY: He was there twenty-nine years.

10 MRS. GLASER: Twenty-nine. There's another case. There's lots like them. Why should she be penalized? Now she hasn't got a penny coming in, because they say it's... cancer is cancer. Asbestos...we don't know. It may be another fifty years before we know what types of cancer asbestos can...

15 MRS. A. GLASER: Well, they have a good way of getting out...if they don't want to say it's asbestosis cancer, then they just plain say it's asbestos dust. So what is asbestos dust? Asbestos dust is asbestos. Dust is just as bad as the fibre that you are breathing in.

20 When I went to have a medical form filled in by my doctor that I had to send in to Denver, they asked...there was a question in - duration of the sickness, so the doctor phones up the hospital because I gave him permission for an autopsy. She phoned in, wanted to have the medical records of Alf Glaser, and she says, she asked them duration of the sickness. It took twenty years for that cancer to grow, twenty years.

25 DR. DUPRE: Mr. Laskin, did you have a question?

MR. LASKIN: Mrs. Glaser, does your husband presently have any sort of insurance coverage? Has he been able to get...?

30 MRS. GLASER: No. Oh, pardon me, yes. We do have from Johns-Manville retirement, I believe, it's an additional...

MRS. A. GLASER: It's a disability pension.

5 MRS. GLASER: No, no. We don't have any insurance. What I'm referring to is, we pay the first fifty dollars and the first twenty percent and they will cover the other eighty percent. But we pay our own OHIP.

MR. LASKIN: Medical expenses?

MRS. GLASER: Yes, medical expenses. We pay our own OHIP.

10 MR. LASKIN: You mentioned earlier, and a number of people have said, that somewhere in 1918 insurance companies stopped insuring asbestos workers?

MRS. GLASER: Oh, yes. I was just trying to bring a point that they knew about it then, so why didn't Johns-Manville know about it in 1949, 1948. This is what...as far as insurance, no. Nobody would insure my husband.

15 DR. DUPRE: May I ask, to pursue my counsel's question, of all of you at the table, did to your knowledge, your husbands ever get turned down if they applied for general life insurance?

MRS. GLASER: Yes, my husband was turned down.

MRS. DODDS: We were turned down, too.

20 DR. DUPRE: You were turned down?

MR. LASKIN: Where did you go?

MRS. DODDS: It was London Life who came there, you know. We went different places and it was out of the way, and we had a gentleman come in from London Life, and we could have get insurance, but it was too expensive. It was out of the question. So John only had so little to live, so I said to Johh, no, I would rather keep that money to look after you.

25 MR. LASKIN: Do I understand then they were prepared to give you a policy, but the premiums were very, very high?

30 MRS. DODDS: Yes, but it was so high, you see. If I had given that money, I wouldn't have been able to look

MRS. DODDS: (cont'd.) after John properly, you see, because he requires so much.

5 There is something that I would like to mention about Johns-Manville insurance, which I have made a book about it...

MR. LASKIN: Can I just finish this other matter?

MRS. DODDS: Yes.

10 MR. LASKIN: Has anyone else at the table gone to a general insurance company and made application for insurance coverage?

15 MRS. GLASER: Yes. After my husband became ill in Johns-Manville, we went to his cousin's in Florida to try out to see if it would help his health. They said he had arthritis. At that time we knew nothing about asbestosis. They would not insure them. They said that he had something wrong with his lung, a murmur or whatever, and the arthritis, so they would not insure him. Because when you move to the States, you have no OHIP. Because we had no OHIP from Johns-Manville. When he quit was the day our insurance coverage stopped.

20 MR. LASKIN: What about when your husband first started working for the company? Was he able to get, or did you ever attempt to get insurance coverage?

MRS. GLASER: Gee, I don't remember, I'm sorry. It's been too far back and I don't remember.

25 MR. OLAND: Which type of insurance are you talking about, life insurance?

MRS. GLASER: That was health and life insurance.

30 MRS. DODDS: My husband had an insurance of eight thousand dollars from, you know, because he was not an active worker, we lose everything. Here is what they sent to my husband here, there is three different types of insurance.

5 MRS. GLASER: I think all the wives, I believe my sister-in-law...well, she's working and she may be having her own coverage...but I think the other ones, as myself, we do have to pay our own hospitalization, Blue Cross or whatever you will have.

10 MRS. DODDS: They had an insurance here...now I've been trying to find out was it nine or eleven thousand, because he was not an active worker anymore, they took two-thirds out of it. So when he died, well before he died, my husband signed paper, which I have, three thousand, six hundred dollars.

There is another one here of eight thousand dollars, and before he died they sent him a letter:

15 "Dear John: Enclosed you will find your final statement of retirement income, along with your reduced life insurance policy".

So it was eight thousand dollars, so he was not an active worker anymore so they put here..."and cancel any others you may have in your possession received as an active employee".

20 MR. LASKIN: Thanks, Mrs. Dodds.

25 MRS. DODDS: I have another one here that I like very much to mention because it's very important just right now for the workers. They do have an insurance, like... let me give you an example. My husband became completely paralyzed and he did require a lot of equipment such as a wheelchair or things like that. Then of course he became so sick he required a special wheelchair. Now, you cannot rent that anymore. You are completely on your own.

They have sent me a letter here, I like to read that because it's really something.

30 "Dear Mrs. Dodds; We were certainly sorry to learn of your husband's death which has been brought to our attention".

MRS. DODDS: (cont'd.) That was three months after his death.

5 "As you will recall, you have enjoyed supplemental health care plan benefits under your husband's name."

10 We couldn't use anything. It cost us one thousand, three hundred dollars in a day, and when I tried after his death, I tried to have some...how will I say... taxation back, I couldn't. They told me, Mrs. Dodds, you are not allowed to have anything because your husband's death is not compensable. So they got me every way I look at it.

15 DR. DUPRE: Mr. Oland, you have been sitting by patiently, I understand you wish to make a supplementary statement from the one on Tuesday night. Do you wish to make it now, sir?

20 MR. OLAND: Yes, I have something more to add. Before continuing, I would like to say Johns-Manville had or do have an insurance program for employees while they are employed. It carries on for thirty days after they leave the employment, except in cases where they retire at age sixty-five.

For myself, they had told me my beneficiary would receive a policy...or has a policy now of four thousand dollars on my death.

DR. DUPRE: Thank you.

25 MR. OLAND: Mr. Chairman and Commissioners, again I have the privilege of addressing the Commission and at this time I wish to enumerate additional comments and problems and/or elaborate on those expounded on February 16th, with respect to working conditions at the Johns-Manville Scarborough plant, continuing and existing even after ten to fifteen years of the plant having been in operation.

30 I served on the union executive in several

5 MR. OLAND: (cont'd.) capacities, as well as shop steward, chairman of compensation committee, time study committee and on environmental committees. I was well aware of the working conditions, and I must say I consider myself lucky to have been able to work in the clerical capacity for the last half of my thirty years of service at the plant.

10 Many employees questioned the dusty conditions in the work areas. Clouds of dust were thrown out by processing machines, drifting through the air and eventually falling to the floor. This same dust was sucked up by passing trucks which went by frequently in servicing the various machines. The dust cascaded towards the ceiling, and then the vicious circle began. The heater fans installed near the ceiling forced the dust back down again, time after time, all day long.

15 The employees continually complained about the dust even though many of them were unaware of the danger of inhaling the dust. It was a nuisance at least. It was on their clothes, it was in their lunches. It was in their coffee cups. It was everywhere. It collected in our autos and it was taken home on their clothes.

20 The company's attitude was, 'don't worry about it, a little bit of dust won't hurt you, we'll see if we can fix it'.

It cost too much to fix it. 'Either you work at it or get off the job.'

25 Trying to get the company to lessen the amount of dust, to teach and maintain good housekeeping, had about the same effect as trying to bore a hole through a brick wall with a pencil eraser. No mandatory protection was afforded to guard against inhaling asbestos or any other dust. At this time...I should say at that time it would amount to an admission of guilt.

30 The men began to die. We know why. The

MR. OLAND: (cont'd.) company professed ignorance of the cause. The WCB didn't want to hear about it. Consequently, no one was receiving compensation...even some who obviously were off sick were not considered for compensation but received Travellers of Canada sick benefits.

Eventually the company began to show some signs of consideration. Dust samplers were employed to measure the fibre count. It seemed obvious to the men that reports of such counts could not pertain to their own machine when it was in full swing. It also seemed odd that many of the dust collectors were placed upwind from whence the dust was coming.

Again, such checks were continued while the men were on coffee break or at lunch.

Additional dust removal equipment was installed, somewhat late for some of the fellows I knew, and also for some who are still alive. The new equipment helped. The dust conditions continued to remain abominable. Company promises were a dime a dozen. They were never kept - well, hardly ever. Grievances were lost and thrown out by the dozens. Even when the company got around to issuing dust masks, they were intended for specialized areas only. The company couldn't conceive that the dust could spread throughout the entire area.

The masks became a farce. As long as a man had one stuck on his head somewhere, it seemed to be okay... that is, according to the way some of the supervisors regarded them, but it was the duty of the supervisors to demand that these men wear them properly whether it be for five minutes or five hours. The wearing of masks was not really enforced by the company, not until about 1980.

Perhaps some might wonder why men continued to work under such adverse conditions. If you happened to be a summer student, you didn't much care. You would leave in

MR. OLAND: (cont'd.) two or three months.

But that does not apply to the long-term employee. The answers are many, varying according to the reason of the individual. Generally speaking, many of the answers could apply to most of the employees. That is, the idea of having or not having a job. In those days, nobody wanted to lose his job.

Another reason for staying on the job stemmed from the practice of various company officials convincing them there was really no danger working in that kind of dust, meanwhile supporting their deathly statements by setting personal examples, which I might add, led to some of their own funerals. Some of these people were even friendly.

As time went by and as the workers became more alarmed because of the publicity in the media, the company put on some more show by adding extra equipment in order to lessen the amount of visibly excessive dust. There had been times when you couldn't make out who was working ten or twelve feet away. Many times you couldn't see the opposite wall.

Complaints still had no effect.

At night it was harder to see the dust, but you could taste it. On a sunny day you could point out the volumes of dust dancing in the sun's rays from the windows. After that, the windows were painted. But just because you couldn't see the dust, you still knew it was there by smell and by taste.

The company doctor wasn't one to tell you how bad your condition was becoming, even though he was the family doctor to many employees. We knew his big job was working for the company.

Reports requested by family doctors from the staff of the Ministry of Health containing technical data and terminology which even if the general practitioner

MR. OLAND: (cont'd.) were able to follow, left much to be desired. Such as being incomplete, irrelevant, misrepresentative, implied, repetitious and sometimes false.

So the employee would still be in the dark as to his chest condition.

Another reason for not leaving was because of the company's apparent general apathetic approach to hold the older men. These men had acquired useful knowledge and became skilled. It was costly to hire new men who had to be trained, using up valuable production time to do it. In order to do this, tactics apparently used by the company included refusal to inform the employee of his chest condition until it became too obvious to hide; refusal to properly educate employees who became contaminated, as to the implications of continued exposure; failure to warn asbestosis can become only worse, never better, no cure; and that a multitude of slight changes could accumulate, causing death.

The rank and file were unaware of their prerogative of reviewing and checking their own personal files so they might spot errors and elect to act on them accordingly.

From the above listed, it is easy to see how men could fall into a state of complacency and false security. How many unlucky ones would be here today if they had been systematically and truthfully alerted as to their worsening chest conditions? How many could have elected to take jobs elsewhere long before they became incapacitated?

Other reasons for staying at Johns-Manville were because of many of them were too old to look for another job. Those who had asbestosis, well, who would hire them? Even if you had asbestosis, you couldn't quit. The Workmen's Compensation Board wouldn't keep you alive.

I would next like to comment on the summary of

MR. OLAND: (cont'd.) information requested from the Workmen's Compensation by my legal counsel in preparation for an appeal to my claim number S1045 8096.

5 After studying this brief or summary, I could only conclude that it should be considered a compilation of mystery, intrigue and a brilliant instrument to present to any body or court, guaranteed to mislead and confuse the panel by its many incomplete, untrue, implied statements. 10 With such as their guide, it would be a foregone conclusion as to the ultimate findings of the court, regardless of their own individual and personal objective views.

15 It has been noted references to arthritis and heart attack prominently place these two conditions as to obscure the issue. I would like to refer to a note I made a few moments ago.

20 After hearing from Mrs. Glaser just now there is a relation between arthritis and asbestosis, I hesitate to make any mention of my arthritis in case I may detract or lessen full recognition I look for in support of my Workmen's Compensation claim and pending appeal. I had no previous knowledge of such when I prepared my brief, so I leave it to the Commission to decide to accept this part of my brief or leave it for consideration, but at least my comments will show where there has been improper communication between all parties responsible for such communication.

25 In that brief I would request that all inferences other than those relating to asbestosis should be disregarded and stricken from the records. Statements to the effect I was unable to work in 1967 and in 1975 are false. The references to annual changes as being insignificant could be true if one considers only one year. When many such changes 30 are aggregated over a period of eight to twelve years, they can no longer be termed insignificant.

MR. OLAND: (cont'd.) Other damning and refutable statements include; "Grossly limited activities, suffered with arthritis for ten years, arthritis in all joints,"

Those that aren't false were taken out of context.

I mentioned on February 16th that I had problems with Dr. Vingales. In the summary he states that I was a very unhappy man suffering with arthritis. He insinuates I was unhappy because of arthritis. In fact, the fact of the matter is that that man...I was furious because of having been lied to, having been given the run around and led down the garden path by supplying my family doctor with partial and false impressions regarding my chest condition.

If that isn't enough to be what he calls 'unhappy' about, I expect having asbestosis would suffice.

I'm thoroughly disgusted with the clutter of garbage compiled under the heading of Summary of Information. It is inconceivable how a body such as the Workmen's Compensation Board can expect anyone to lend credence to the prestige and reliability of acceptance of responsibility of such department.

I had been talking about how some people were more or less compelled to remain with Johns-Manville, but I come now to a situation where the company utilized the closing of a department to rid themselves of a lot of deadwood...that is, many employees who were unable to do heavy work because of being affected by asbestos. I am one example.

When the transite pipe department shut down, most of these men had bumping rights in the insulation department. I chose a job comparable to the one I had lost, one which I had held for about sixteen years, one at which I would have continued to work because of the nature of my

MR. OLAND: (cont'd.) job, were it not for the fact that that part of the plant was shut down. However, when I was introduced to the new job I was told I would never be able to do it - just like that. I felt differently.

With two weeks training I was to have, and with the expected help to get rid of three months congested backlog or purchase orders, work orders, etc., that filled the desk that I had to work at, some of these were unfilled, some were cancelled, whatever state they happened to be in. I could see no problem. But there was a problem. No one was assigned to train me. The supervisors were unable to help.

By the way, it is part of the supervisor's duties to help train men on the job.

Whereas it was obvious to me and to other members ...shall I start over.

The supervisors were unable to help, whereas it was obvious to me and other union members the supervisors did not want me to bump the other chap and they were all working to that end. Consequently, I received little training, very little.

During the second week, the company sent a man to train me, but it took him three days to find out what he was to show me.

On about the second last day of my training period, the foreman told me I was being taken off the job. He told me I was being transferred to a section where there was no such clerical work I could handle, just bull work tossing cartons of fibreglass into transports. No way was I going to be able to do that kind of work. I might last for five minutes and then I would be out of breath or have a coughing fit from working in the dusty truck.

I considered reporting to the Workmen's Compensation Board that I could not do that or any such work

MR. OLAND, (cont'd.) that Johns-Manville had available for me. But realizing the problems everyone else and myself included was having trying to make ends meet on what the WCB would allow, I decided to forego that avenue for the present and was able to apply for sick benefits from Travellers of Canada.

I have been recently retired from Johns-Manville, having reach age sixty-five, but I still am working towards an appeal to increase the ten percent disability allowed by the WCB. The one hundred dollars a month pension does not help a great deal at the present time, but it will depreciate in buying power with each succeeding increase in the cost of living.

I thank you.

DR. DUPRE: Thank you, Mr. Oland, for placing this on the record.

We are now quite a bit behind schedule, but it has been more than worth the Commission's while.

Mrs. Betty Glaser, may I say first of all that as a human being I have nothing to say to you because the words cannot come to me. As chairman of the Commission, the one thing that I do wish to point out to you if you have not already been so informed, is that we have played our own little role in trying to forward the organizational skills of Mr. Cauchi in organizing the Asbestos Victims of Ontario. May I thank you. May I thank you, Mrs. Alf Glaser, Mrs. Dodds, for coming to the table with Mr. Oland.

Our next presenter, may I now call Mr. Al Davis.

MRS. A. GLASER: May I still say a few words?

DR. DUPRE: Yes, I'm sure the presenter will give you a few moments, but I do so by his leave.

MRS. A. GLASER: Yes. I think that the life

MRS. A. GLASER: (cont'd.) insurance that Johns-Manville is paying out to these people is far too low. It's thirteen thousand dollars. That's very little.

My funeral cost my five thousand dollars. The Compensation helped towards it with a thousand dollars. Now you can't bury even a dog on a thousand dollars these days, and thirteen thousand dollars is no big deal these days. That is far, far below a limit, I think, of a life insurance these days.

DR. DUPRE: Thank you, Mrs. Glaser.

Mr. Davis, you are welcome. Please proceed with your presentation.

MR. DAVIS: Thank you, Mr. Chairman.

Mr. Chairman, I would like to thank you and the Commission for allowing me the opportunity to express my views before this Commission today. I am currently an articling student, having just completed three years of law school. I have a specialized interest in environmental law and the legislation relating to hazardous products and substances in Ontario and in Canada. Previous to law school, I spent a couple of years at University of Toronto, trying to take most of the subjects offered in the wide and often vague field deemed environmental studies.

In addition to my interest in environmental law and legislation, I have also had my own personal experiences with exposure to asbestos and I would like to relate those to the Commission as well.

Mr. Chairman, I guess it's been a long week. You've had all kinds of submissions put before you, you've had submissions on behalf of industry, on behalf of victims, their families. You have had submissions on behalf of government and environmental groups. I don't think it's of any surprise to look at the views of those interest groups as expressed. It's no surprise to see victims and their families

5 MR. DAVIS: (cont'd.) expressing a need for compensation, expressing a need for the people of Ontario to perceive what seems to be a really serious problem, a serious hazard.

It's no surprise that labour is emphasizing occupational hazards, compensation as well.

10 It's no surprise the industry is putting forth submissions stating that there is no real and serious hazard with asbestos, whether in the workplace, occupation or general environment.

It's no surprise to see environmental groups stressing that it is a serious hazard, one that necessitates stronger legislation and stronger controls.

15 I don't think it's a surprise seeing government coming before this Commission, in many respects their hands tied and in other respects looking towards what they deem to be legislative response to this problem.

20 As the Commission, or as you, Mr. Chairman and the rest of your Commission, will have to come to grips with these views presented and you have had all kinds of conflicting views...on one hand industry says that there is a really safe level of exposure and indeed exposure to asbestos thus far has been safe; on the other hand you have victims, their families, stating quite emphatically that there is a real danger with exposure to asbestos.

25 I have sympathy for your task because I know how difficult it's going to be to try to mold these opposing opinions together. Nonetheless, I appreciate the fact that the government of Ontario has at least formed this Commission, given you the mandate and the responsibility to the people of Ontario to try to deal with an issue that in many ways and many cases lacks strong scientific, strong medical evidence.

30 However, I believe that that evidence is strong,

MR. DAVIS: (cont'd.) and one that merits a very strong response by government at this time.

5 Mr. Chairman, I hope that this Commission can also appreciate what I deem to be, and other speakers before this Commission have stated, is a serious problem. In that regard I hope you expedite your task and expedite the production of your final report.

10 It has taken far too long for the government of Ontario to respond to this issue, and if you in hearing the submissions that have come before you this week conclude that this is a serious problem, that it does warrant some major response on behalf of government, or major response forced upon industry, then I hope that you let those views be known as quickly, as soon as possible.

15 I guess if there is one word that can express why I'm before this Commission today, it's concern. I am concerned about the overwhelming..apparent overwhelming scientific, medical evidence concluding that asbestos exposure poses serious health hazards. I am convinced in reading the scientific literature that asbestos is clearly a carcinogen. 20 It is a substance of significant risk. Since there appears to be no safe level of exposure to asbestos, I am concerned that we have waited far too long to establish some response to enact some measures of safety for the people of Ontario, whether they be workers or the public at large.

25 I am concerned at what appears to be an across-the-board failure on behalf of government and industry, and even the public in general, to perceive what is deemed to be a very serious risk.

I am concerned at their failure to fully appreciate the risks associated with asbestos.

30 Mr. Chairman, I am concerned about the fact that asbestos is really a hidden hazard. Hazards can be overt. We

MR. DAVIS: (cont'd.) know that if we light a match it's going to cause fire, and fire burns and fire destroys. But we don't know about the problems with asbestos until maybe
5 ten, twenty or thirty years down the line when the victim begins to show signs, show symptoms of their prolonged, or even sometimes short, exposure to asbestos.

Not only that, there are many people who are exposed to asbestos each and every day in the workplace, whether it be an office, whether it be a department store or
10 whether it be a facility directly involved with the process of asbestos. Often they don't know that there's asbestos. There could be asbestos in these walls in this structure right here, blowing down through the ventilation system. I don't know that that's there. Indeed they might be. But that's a risk that everybody takes when they walk through public buildings
15 or private buildings of commercial enterprises.

People who ride the Toronto Transit Commission subway line in this city are exposed to asbestos within that line. Up until the media response and the media's recent articles within the last year exposing the fact that that
20 hazard exists, very few riders...in fact probably no riders at all..really appreciated or understood that they were exposed to a risk.

With this in mind, Mr. Chairman, I am concerned that when people ride the subway, visit department stores, are in the school learning, or in offices working, they have
25 no opportunity to decide whether they want to accept that risk. I don't mind realizing that smoking tobacco causes or increases my susceptibility to cancers, but I want to be the one to decide to take that risk and I don't want that risk being imposed upon me without my knowledge. I feel
30 very strongly that the people of Ontario should also have that right to know if those risks exist.

MR. DAVIS: (cont'd.) I am concerned, Mr. Chairman, that asbestos is merely the tip of the iceberg, that there are others...thousands of substances within this environment, products of the industrial age which we know very, very little about, whether it be lead, whether it be mercury, whether it be cadmium, whether it be substances in food, substances in other products. Often they go onto the market place untested, and we don't know what hazards are related to them.

I am concerned, Mr. Chairman, that despite what is a very long understanding of the health hazards associated with asbestos, we continue to expose people to the hazards, continue to expose people to the risks. This isn't new knowledge. We have known for a long time...hundreds, if not many hundreds, of years that asbestos does have serious health consequences. I find it hard to relate this to the amount of money we spend on medical research each and every year. We spend millions and millions of dollars to find cures to all kinds of diseases. We have one right here and we know what it causes. I think it's our duty, I submit to you, Mr. Chairman, the task of this Commission, to put forward proposals which will help prevent these risks, limit these risks, and work towards the elimination of them. I guess a simple answer to this deemed problem would be just to eliminate the cause. If asbestos is nonessential in whatever form, in whatever manner, we don't need it. It's time we woke up to that fact. It's time that we bring down legislation, that we enact policies where it exists today and to make sure that we don't further use the substance in the future.

I am concerned, Mr. Chairman, about an underlying conflict that underscores this issue, like many others of the environmental nature..the conflict between the

MR. DAVIS: (cont'd.) economy and the environment. While we can tread back and forth over this issue and try to say how much are jobs worth in the asbestos industry, how much is asbestos worth to the people of Ontario, to the people of Canada, I think it's an estimation that we shouldn't even begin to make. I don't think you can put a price on even one human life and knowing about the possible consequences of asbestos I think that every precaution should be taken to make sure that people aren't exposed to these risks.

Mr. Chairman, I am also concerned about the lack of legislation, especially here in Ontario, relating to asbestos. There is no law in the province of Ontario imposing standards for asbestos in the air, whether it be in an enclosed setting or the open air, the natural environment, there is no law regulating asbestos concentration.

I am sure you have gone through the legislation both on the federal and provincial level. I am sure you are familiar with whatever guidelines or whatever minor legislation does exist that relates directly or indirectly to asbestos. I don't think it's worth going through those, but I wish to underscore that point. Knowing that the dangers exist of asbestos, I think it's far, far, far too late. People have already been exposed and people are suffering the consequences. We have to act as fast as we can, and again I urge you that if you come to that same conclusion, to make those views known as soon as possible.

Mr. Chairman, I am also concerned about my own health. To briefly outline some of the circumstances relating to my concerns, I was a part-time employee of a large department store here in Toronto. Apparently the facilities were built in the mid-sixties. I worked selling shoes in the department store and paid my way through school. I had often seen what I believed to be thick dust concentrations

5 MR. DAVIS: (cont'd.) along the beams, the metal beams, structures, in the stockroom of the store, and for many months I went past what I believed to be these dust concentrations thinking that it was merely that, and merely imposed no hazard.

10 It wasn't until a little while later when I decided to test to see what kind of substance this really was... it was no surprise, I guess, that it was asbestos. It was exposed asbestos lying in all kinds of metal girders all along the back stockroom of my department and many other departments in the store. It was blowing around, pieces were falling off, people were walking by, it was blowing around again. It was on shoe boxes brought out to people, and the asbestos would blow around within the store. It was close to a ventilation system and it was being blown around once again.

15 I first perceived the asbestos about a little over a year ago. This was well before what I deemed to be the 'asbestos scare', the recent media coverage that came out around eight to ten months ago, much of which led to the formation of this Commission. I tried to do as much research as I could...I have an interest in environmental law...what kind of hazards did asbestos have, what kind of studies have been done?

20 At the time, I was doing some legal work for the Ontario Ministry of the Environment and I looked through all kinds of their books. I came up with a number of reports both in Canada and in Britain on the hazards associated with asbestos, and was convinced that there were indeed real hazards associated with the substance.

25 I went to see the store manager to complain, or at least to voice my concerns. I was told to see somebody on the health and safety committee. So I saw this person and I told them what I had found about the apparent dangers of asbestos

5 MR. DAVIS: (cont'd.) and that something should
be done. I was told that I was just overly concerned. An
analogy was made to somebody who had had soup in the employees'
cafeteria and they complained that the soup was bad, and all
along they were allergic to fish and it happened to be
chowder. They laughed it off and I couldn't believe that
somebody could not even begin to try to appreciate the risks
involved. It was very difficult for me, it was very frustrating
10 for me to convince that person of my apprehension. I told
them that if it wasn't taken down within a relatively short
period of time that I would cease employing at the store,
and immediately this woman picked up the phone and was offering
to tender my resignation. Eventually she suggested that I
write my concerns out on paper, submit them to her in a sealed
15 envelope and not tell anybody about it.

I proceeded to do that and I backed it up with
health studies which I had come across on asbestos risks. I
brought it back to her, and nothing was done for a month or
two, for three months. One day I came to work and workmen
were scraping off the asbestos off the metal girders. No
20 protective clothing, no protection for other employees, no
protection for anybody in the store. They were just scraping
the asbestos off the girders, dust was floating around. It
was a great risk to the workmen, the customer and to fellow
employees.

25 All they did was removed it from the visible
areas in the stockrooms. They left all kinds of areas
throughout the rest of the store still lined with asbestos.

Well, I ceased my employment there a couple
of months later, and really thought that at least the
precautions were beginning to take place to deal with the problem.
30 I realized all along, too, that this wasn't the proper way to
dispose of it, and I voiced those concerns to the store and they

MR. DAVIS: (cont'd.) told me that they had looked into it and they were doing all that they deemed to be necessary.

It wasn't until a couple of weeks ago when I phoned them back again and told them that I had sought an opportunity to appear before the Commission, this Commission, and voice my concerns and I asked them if anything had been done since, and they said they had taken reasonable precautions. I have since learned that no further precautions had been taken.

It was very recently which I contacted the Department of Labour and asked that the store be tested, and the results of those tests are now pending.

I guess I voiced those concerns to you because it's indicative of the response that individuals get in many instances in trying to deal with what they believe to be a problem, and what in fact may even be a serious problem...an example of what somebody has to deal with in trying to inform others of what are indeed thought to be, and often proved to be, risks associated with asbestos.

Mr. Chairman, I would like to put forward a number of recommendations which I believe the Commission should seriously consider in dealing with this substance:

1. I believe that you should issue an urgent interim report stating or summarizing the views that you have, the conclusions that you have reached based upon presentations made to you this week.
2. To recommend a ban on further nonessential uses of asbestos.
3. There should be active funding of research and development on behalf of the provincial government to test alternatives to asbestos.

- MR. DAVIS: (cont'd.) 4. There should be a detailed study of those exposed to asbestos, how long they have been exposed, where they have been exposed, what kind of asbestos. There should be a mandated disclosure forced upon industry, commercial enterprises, offices, schools, every major structure that has contained asbestos, to state if asbestos still is indeed in that building, to what degree, and what danger it poses to those who work, live or reside in there, for whatever length of time.
5. We should remove, to the best of our ability, or at least control through encapsulation, if proved safe and feasible, all asbestos now utilized by industry or commercial or office enterprises. Such removal should be supervised by government authorities, should be specified, outlined in guidelines if not in mandatory legislation.
6. There should be financial funding supported by the provincial government to schools, commercial, industrial companies who have used asbestos in the past, much of which was forced upon them through the Building Code.
7. We should post warning signs informing those who come in contact with this hazard of the possible risk. May I add, I hope the warning will be much stronger than the one we see on cigarette boxes stating the danger to health increases with the amount smoked...and they add, avoid inhaling. People will always inhale asbestos if it's in the air.
8. The provincial government should enact an

5 MR. DAVIS: (cont'd.) educative program informing both industry, private enterprise, of the risks imposed upon those coming in contact with asbestos, and informing the people of this province in general of the risks inherent in contact with the substance.

- 10 9. Finally, we should establish both enclosed and natural environment standards for asbestos. I realize there are proposed regulations now under the Occupational Health and Safety Act, and I support all measures towards enacting such regulations. As I said before, there are no laws currently in Ontario dealing with such standards.

15 I may add at this point that I was here on Tuesday and a submission was put forward by Mr. Timberg of the Canadian Environmental Law Association. At that time it was suggested to include asbestos in the regulations of the Environmental Protection Act. I don't think it was clear to this Commission at the time, and I would like, if it was not, to make it clear now that the Environmental Protection Act, and under the governing prohibition section within the Act, Section 14 only applies to contaminants in the natural environment.

20 The natural environment as defined in the Act states: "The air, land and water, or any combination or part thereof of the province of Ontario".

25 When you go further to define air, it means "open air not enclosed in a building, structure, chimney, stack or flue". So while this Act may be of help for asbestos, controlling asbestos within the open air, I support measures to introduce standards in the enclosed environments.

30 Thank you, Mr. Chairman.

DR. DUPRE: Thank you, Mr. Davis. I only have one question. When you gave us the case study of the department

DR. DUPRE: (cont'd.) store in which you worked, did I understand you to say that you at one stage asked the Ministry of Labour to test the store?

5 MR. DAVIS: That's correct. That's only been very, very recently.

DR. DUPRE: You asked them to test the store. Did you send them a sample or did you just simply say, please go test the store?

10 MR. DAVIS: No, I have had long conversations with the Ministry of Labour officials.

DR. DUPRE: I see.

MR. DAVIS: They don't receive any samples from the public.

15 DR. DUPRE: That's why I wanted to ask you about all this.

MR. DAVIS: They claim that the store could charge me for theft and that they function within the legislation as an independent body between management and between labour, the people working in the store. And they do their own testing and they come to their own conclusions. 20 They visited the store very shortly after I made my initial inquiry and performed testing. The results of those tests are still pending, and that is one of the reasons I felt I did not want to disclose the store at this time.

25 DR. DUPRE: Okay. Fine. I just wanted to make sure I had the process still straight.

Any further questions? Dr. Mustard?

DR. MUSTARD: How did you get the initial identification that it was asbestos?

MR. DAVIS: What had happened, early on...

DR. MUSTARD: Who did the testing?

30 MR. DAVIS: Pardon me?

DR. MUSTARD: Who did the testing for you?

5 MR. DAVIS: What I did is I...when I went and saw the people in the store, on the health and safety committee, I suggested that I thought this was asbestos. I know what asbestos...how it was used and where it was used and what time it was used in the construction of stores. I suggested that I'm pretty sure it's asbestos and it should be checked and it should be verified.

10 Almost instantly I got a reply that this is a different kind of asbestos, that it's not dangerous. That didn't satisfy me, and I asked them to test this. I asked them to see what kind of asbestos it is.

15 It was a couple of weeks later when the store superintendent or head of the...member of this health and safety committee came back to me and said yes, it is asbestos, and we are going to remove it. I didn't do any testing on my own, I didn't send it to any labs. I left it for them to determine and that was confirmed when it came back to me.

20 DR. UFFEN: I may have missed something. Did you say there was a health and safety committee in the organization?

MR. DAVIS: Yes, sir. The employees of the store were nonunionized...

DR. UFFEN: But there was a committee?

MR. DAVIS: There was a committee, yes, sir.

DR. UFFEN: You went to that committee?

25 MR. DAVIS: No, sir. I don't know when that committee meets, or if they ever meet, but I went to a member of that committee, two members of that committee and tried to convince them that there was indeed a problem.

DR. MUSTARD: I have two further questions.

MR. DAVIS: Yes, sir...doctor.

30 DR. MUSTARD: When was the removal undertaken? Can you give me the exact date? Approximately, the month?

5 MR. DAVIS: My initial request to the store, or to the member of the health and safety...I'll give you an indication of the timing here. My initial request that something be done, my initial voicing of my concerns, took place in later January of 1980. I submitted my written proposal to a member of that committee two weeks later, on February 13th. It wasn't until approximately two to two and a half months later that they acted upon my concerns, after prolonged...

10 DR. MUSTARD: So the removal was about April or May of last year?

MR. DAVIS: That's correct. That's correct.

DR. MUSTARD: Are they still removing?

15 MR. DAVIS: No, sir. As far as I know that removal took place in the department that I was working, in another department where I told them exposed asbestos existed. I do know for a fact, because I have a brother who is now working in that same store, that much of the asbestos that was exposed is still exposed.

20 DR. MUSTARD: Can you give us the name of the store?

25 MR. DAVIS: As I told the Chairman, Doctor, I would like to do so. My only apprehension is that I would like to await the conclusion, await the release of the Ministry of Labour's tests as to the amounts of asbestos within that store. However, I have taken pictures of the exposed asbestos and I have...and I would like to submit those before this committee and also release the name of the store, at a later date. I would indeed like the opportunity to do that.

DR. MUSTARD: Thank you.

DR. DUPRE: Any further questions?

Thank you for joining us, Mr. Davis.

30 MR. DAVIS: Thank you.

DR. DUPRE: The Commission now rises until
two o'clock. - - - - -

THE INQUIRY RESUMED

5 DR. DUPRE: Good afternoon, ladies and gentlemen. May I welcome, please, the presenters for the United Electrical Workers of America. The presenters are headed by Mr. Val Bjarnason, the secretary-treasurer. He is accompanied by Mr. Hunt and by other guests. Mr. Bjarnason, may I turn it over to you, sir.

MR. BJARNASON: Thank you, Mr. Chairman.

Is it working?

10 DR. DUPRE: Yes.

MR. BJARNASON: I wish to introduce our delegation who are here today. On my right is Ed Hunt, who is the national representative of our union in charge of occupational health and safety. On my left is John Pickup, who is from Hamilton. On my extreme left is Bruce Harris from Peterborough. On Ed's right is Sheelagh MacDonald from Richmond Hill, and beside her is Morley Currie from Welland. In addition we have John Ball from the Peterborough works of General Electric, Don MacMillan from Toronto, and Harold Takayesu from Stoney Creek.

20 I'm sorry, I missed Teena Flood from Peterborough. I apologize.

DR. DUPRE: Thank you.

MR. BJARNASON: Well, Mr. Chairman, we are here for three reasons. In the first place, we are here to say what I think quite a few others have said, that we don't really think you should have been appointed because we think that the facts about the nature of asbestos is well enough known by now, at least to those on the inside, which we would presume to be the government as well as industry, that it should not have necessitated one more investigation into this very critical issue.

30 Secondly, because we presume that you are going

MR. BJARNASON: (cont'd.) to go ahead, we felt we were duty-bound to come here to represent our membership and to alert you to some of the problems with regard to asbestos in the elctrical, electronic and machine industries, many of whose employees we represent.

Thirdly, we want to present to you and urge you to make the kind of very strong, forthright, and I think I can use the term without being understood because of the nature of this issue, really revolutionary proposal which we say that the asbestos crisis demands.

As far as we are concerned as a union, there is no language which we could use which would be strong enough or sharp enough to express the anger we feel for the heads of the asbestos corporations, for deliberately hiding the known facts about the death-dealing role of their products both from their employees and the public, and for continuing as they are still doing, to produce mass slow, painful death to thousands upon thousands of innocent people.

As far as we are concerned, they are criminals and should be treated as such.

No less guilty, in our view, are the governments, both federal and provincial, which have conspired with them to conceal these facts about the true nature and dangers of asbestos, and worse still, for the governments to allow them to continue mining and manufacturing their products as though they were just another kind of product being mined and manufactured for the good of society.

The fact that the employees of the asbestos corporations and the public at large have not been warned of the known fatal properties of asbestos by their governments, or that the government has so far refused to protect either the workers involved or the public at large from this curse, in our opinion makes them even more responsible, more guilty of the crime of what we fear will later become as genocide.

MR. BJARNASON: (cont'd.) We call on the Commission to call a spade a spade, place responsibility where it must be placed, regardless of how high and mighty the positions of those guilty, and to bring in findings that truly reflect the gravity of this plague that is rending our society, and especially its workers.

Well, Mr. Chairman, we...none of the ten of us come here as experts, but we don't make any apology for that. Maybe we could have become somewhat, a bit expert had the truth not been deliberately hidden from us. What we now know is that thousands of workers in the industries we represent...electrical, electronic and machine industries... have been exposed to asbestos for many years. Asbestos board has been used as an insulation panel for control equipment and many types of switching devices made for the steel, pulp and paper industries, amongst others, and also for mines. Many of our members drill, cut, saw and sand such asbestos boards, while still others mount various devices on them for various branches of industry.

Other members of our union have and still manufacture asbestos insulated wire for applications involving heat. Still others in the appliance industry apply asbestos in various forms as insulation, and we could go on and on.

How many of these workers will suffer slow, agonizing death long before fulfilling their natural span of life? How many thousands have already died? We don't know and may never know, because those who could have even kept count, if they did nothing more, hid the truth from everyone. Even the medical profession should be accorded its share of the blame. Were they engaged, as they should have been in our opinion, in preventive medicine, in genuine concern for public health, they would have, in our opinion, routed out the asbestos scourge and alerted the public and

MR. BJARNASON: (cont'd.) the government, and insisted upon facing this issue long ago.

5 As a digression, just last evening on the CBC we witnessed what I personally feel is a nauseating sight of several medical doctors having opted out of medicare, calling for the dismemberment of OHIP because, they said, it was responsible for lowering the standards of medical care in Ontario. So much for the Hippocratic Oath.

10 If industry not only refuses to do anything about occupational health of their employees, but obstructs all efforts of others in that direction...and again this is our opinion...but it is our opinion that this was evidenced in their testimony before this inquiry just this week...and if the government, as in Ontario and Ottawa, to say nothing of the medieval approach to social welfare just enunciated by the new president of the United States, which unfortunately will have a lot of bearing over the border in Canada...if they continue to shy away from setting and enforcing regulations governing toxic substances like asbestos, and if they keep on introducing more and more cutbacks in the health services, we are afraid there is only one force remaining to tackle the job, and that's the trade union movement.

20 And, Mr. Chairman, in our opinion, that's nothing very new because it's known that the trade union movement have been the pioneers for most of the social and educational and health advances over the years, such as Workmen's Compensation, Medicare and so on. They have always had allies, of course, in the professions, amongst the academics, and in progressive political parties.

25 For forty and more years the labour movement, including our union, have fought for legislation to make the workplace safe and healthy. But frankly, Mr. Chairman, it's only in the last few years that really effective gains have

5 MR. BJARNASON: (cot'd.) been won, and we are referring to Bill 70, or the Occupational Health and Safety Act of 1978, where at long last workers are given the right to refuse and workers are given the right to insist on knowing what dangerous substances they are working with, and many other gains that have been won.

10 At this point I want to call on Ed Hunt to present that material which was sent to you earlier, our brief on the subject.

DR. DUPRE: Mr. Hunt, if you please.

15 MR. HUNT: Thank you. This brief is submitted by the United Electrical, Radio and Machine Workers of America (UE), an industrial union representing twenty thousand workers in the electrical, electronics and machine industry, with the majority of our membership resident in Ontario.

20 Our submission to the Commission deals with a brief of history of asbestos from the time the health hazards associated with the miracle mineral were first recognized, to the present time, and then deals with the exposure of workers to asbestos in our workplaces, and concludes by offering some recommendations on policy issues as outlined in the issues before the Commission.

25 The purpose for outlining the short history on asbestos and the ill-effects of this mineral to society as a whole, is to answer the obvious question asked by many when this Royal Commission was announced by the Ontario Labour Ministry in February, 1980: Is another Commission, another study really needed? Are not the facts of the health hazards related to asbestos known well enough without the delay another Commission will necessarily invoke upon the ultimate decisions that must be made?

30 This year marks the eighty-second anniversary

MR. HUNT: (cont'd.) of the first identification of asbestos as a health hazard to workers. In 1899, a London, England, doctor had a patient who died gasping for breath. An autopsy showed an extensive scarring of the lungs. At this time the asbestos industry was just beginning.

The case was shown to a committee of the British parliament, and at the hearing the doctor said: "One hears, generally speaking, that considerable trouble is now taken to prevent the inhalation of dust so the disease is not so likely to occur as heretofore".

As a result of that optimism, the British parliament decided not to allow compensation for asbestos-related disease, but worse than that, no comprehensive study of the miracle mineral was undertaken.

Due to this inaction by those responsible in governments, asbestos industries and production facilities were maintained and new uses of this now-known health hazard were introduced into our society.

Instead of nipping the health hazard in the bud, the next ten years...1900 to 1910...saw the use of asbestos increase four times and the number of workers increase proportionately.

In 1911, again in Britain, the factory inspectorate went into some of the new asbestos factories and found there to be much dust. The inspector's report noted, and we quote: "Very defective provisions for exhausting the dusty process of asbestos manufacture. Long before any further growth of this trade, I hope that exhaust ventilation will be effectively applied."

That was in the annual report of the Chief Inspector of Factories in Great Britain in 1911. Basically

MR. HUNT: (cont'd.) what that inspector said was, "Let's not worry too much. Now that we know, there's not going to be much more of a problem". As a result of that optimism, in the next decade asbestos production increased four times and the number of workers increased proportionately.

It was not until 1918 that the first hint of asbestos disease appeared on this continent, and that hint was found in the text published by Frederick Hoffman, vice-president of Prudential Life Insurance Company, entitled "The Respiratory Diseases in the Dusty Trades."

Dr. Hoffman noted that insurance companies would not give insurance to asbestos workers, and therefore in 1918, we had the first scientific information that health damage could occur when we were exposed to asbestos. However, optimism continued and as a result asbestos production doubled in the decade between 1920 and 1929, and with it, the work force. Big asbestos corporations and their supporters in government placed profits before people and continued the policy of further expansion of the industry regardless of its human toll.

This decision was to lead to increasing illness to working people and their families, and an ever-increasing burden on our health care system.

About 1930 some regulations were adopted in England, supposedly to prevent the exposure of workers to asbestos dust. But apparently, according to the record, either not enforced or riddled with loopholes.

In 1930, an article was published in the United States, titled "The Pulmonary Asbestosis Menace", which contained this quote from the Insulation Workers Union president: "Look, I've been reading articles from Britain saying that this asbestos dust could cause harm. What about it?"

He was reassured there really is no problem.

MR. HUNT: (cont'd.) Still no effective action by government, production tripled in the thirties and numbers of workers exposed to asbestos dust increased vastly.

Following the thirties and the advent of World War II, dozens of new factories were established to make asbestos products for the war effort. More people went to work in the asbestos industry and it was assumed that somebody was taking care of things. Unfortunately, as it turned out, there was no 'somebody'.

The next decade revealed a relationship of asbestos to a rare form of cancer, mesothelioma. In spite of this, no restrictions were placed on asbestos production, and no safety measures were undertaken.

There was a doubling of asbestos production in the 1950's, and asbestos production has increased ever since.

We must ask ourselves, what was behind the thinking of governments to allow those responsible to turn a blind eye to such a serious health hazard and allow the consequences to be suffered by all who came in contact with asbestos.

Corporations, in this case asbestos corporations and those involved in the manufacturing of asbestos products, were given a free hand by their friends in government to increase asbestos production, with no attention to the known health effects that asbestos mining and its ultimate use would place on society, in order to maximize their profits. This criminal negligence is still practiced today in the asbestos industry and other workplaces. This is allowed with the full knowledge of government whose responsibility it is to protect the health of its citizens.

By early 1970, millions of tons of asbestos

MR. HUNT: (cont'd.) had been installed in our buildings and our construction sites, in refineries, in chemical plants, and in manufacturing factories, in our schools and, yes, in our homes. We now have millions of tons of asbestos in place, and as we read each and every day we have the dead and diseased workers to prove that no one listened back in 1899, or in the thirties, or in the fifties, and what our brief is all about is to hope that this Commission will listen and do more than add another chapter to the devastating history of the use of asbestos.

Proof that the industry has not learned its lesson or become responsible to anyone but its shareholders is seen in the following remarks made by a technical advisor the Quebec Asbestos Mining Association to the first public meeting of this Commission on October 31, 1980. We quote from the minutes of that first public meeting:

"In the last two decades, major improvements have been made in the asbestos industry, and at present the most sophisticated equipment used in modern plants and the efficient training of operators has now made it possible to attain a time-weighted average of one fibre per cubic centimeter.

On the other hand, scientific epidemiological surveys have also shown that with a dust concentration averaging two fibres per cubic centimeter the health of the workers is well protected".

End of quote.

This sounds too much like the discussions and recommendations that have been made by Commission after Commission over the past eighty-two years, since health hazards associated with asbestos were recognized. Each

MR. HUNT: (cont'd.) decade since has seen recommendations and reports that said, 'now that we recognize the hazard we will do something about it.' We know all too well what was done and not done, and we again refer to your first public meeting on October 31, 1980, and quote from one of the participants at that session:

"We were cut off everything. My husband immigrated to this country in 1951, never drew sick benefits, no unemployment insurance, no welfare, no Canada Pension. His honesty destroyed him, and most of our close friends and neighbors also worked at the plant and they are all dead now. Since my husband passed away, we have lost in twenty-five months, twenty-five other Johns-Manville workers, and it's hard to believe that it is 1980 and it's happening in this country".

End of quote.

Dr. Irving Selikoff tells a story about a visit from a union health and safety committee to his office one day. These workers told him that when they went to visit a fellow worker in the hospital, whom they knew to have asbestos disease, they would quietly take all the mirrors off the walls of the hospital rooms. They have learned that about four or five weeks before a worker dies, this should be done so that the worker cannot see himself over these last few weeks of slow death.

We do not wish to have to take the mirrors off the walls of our fellow workmates' hospital rooms. We do wish to begin to do something about this problem of asbestos.

The foregoing is a brief history of asbestos from the time it was first recognized in 1899 as being a health hazard, up to the present day. I should note there

MR. HUNT: (cont'd.) that much of that history was taken from Dr. Selikoff's presentation to the Lost in the Workplace conference in Chicago, September, 1979.

5 Daily stories in our newspaper show the terrible tragedies that we will now have to witness because of failure to prevent asbestos exposures in the past, and these exposures took place in all industries and in all communities. We would now like to mention that areas where those asbestos exposures were present in the electrical, 10 electronic and machine industry.

Companies in our industry used asbestos panel board because it provided an excellent insulating panel on which to place many of the components used in manufacturing control equipment for steel mills, mines, pulp and paper 15 industry, etc. The workers would cut, drill, sand the panels daily as part of their job, entirely without knowledge of the hazards, hence no protective equipment.

When the panels and their components were all in place, other workers would interconnect the components with asbestos-covered wire, as specifications called for 20 asbestos-covered wire. It would not be uncommon to witness a worker inside one of these panel structures with asbestos-covered wire dangling around his body.

This leads us to another area of asbestos exposure in our industry. Our members manufactured the asbestos-insulated wire and to our knowledge there are no known 25 exposure records recorded in this industry.

Workers in the above-noted departments have testified before the Workmen's Compensation Board that blizzard-like conditions existed near the asbestos machines when the machines were cleaned or maintained. However, no readings are available to us. We have to rely on eye witnesses as 30 evidence of the workers' exposure in the industry.

MR. HUNT: (cont'd.) What we do is that due to recent publicity given to asbestos and its hazards, many of our members can recall numerous cancers and other respiratory diseases of fellow workmates, who they know worked with asbestos.

So our story of tragedy is yet to be discovered, and more importantly, documented.

In the wire and cable industry it has come to our attention the talc used to facilitate the flow of production in rubber-covered wire manufacture contains asbestos. How many more workers exposed we do not know.

Many of our membership work in large and small appliance industries and they have come in contact with asbestos in many applications. Asbestos was used in ranges, dryers, refrigerators, toasters, irons and their cords, hair dryers, and the list goes on. Other large areas of worker exposure in our industry fall into the category of protective devices used in the many welding processes associated with the electrical, electronics, machine industry...sample, protective gloves, blankets and curtains.

Fabricating shops contain large numbers of machines with brakes containing asbestos to control the machines. This not only exposes the maintenance people, but also those who work in the area, or indeed, people walking through on their way to other areas.

Our union is now attempting to identify the exposure of workers in the electrical, electronic machine industry, and has been successful before the Workmen's Compensation Board in obtaining benefits and a pension for a former member's family.

How many more asbestos-related illnesses and deaths we will have in the future, one cannot estimate. But we know for certain there will be more. We have so far talked about a brief history of asbestos, followed by evidence

5 MR. HUNT: (cont'd.) of exposure to this health hazard in the electrical, electronic machine industry. It would not be proper to address both these topics without having something to say about the horrendous arguments and outright denials and suppression of information that has been foisted upon working people over eighty-two years of asbestos history. Denied the known truth about the health hazards of asbestos, working people have had to accept the risks that accompanied their job whether it was in the 10 asbestos industry or in other industries. Only recently working people in Ontario began to learn some of the true facts about occupational disease and the ever-increasing death and disease statistics that it leaves in its path.

15 Largely attributable to the Ontario Federation of Labour's occupational health and safety training and resource program, which had it's beginnings in 1978, for the first time in this province workers are being taught how to identify the occupational health problems in their workplaces and how to deal with them effectively. It is our contention that this Royal Commission become familiar with the Ontario Federation of Labour's occupational health 20 program, with the view of assessing its importance to Ontario in the Commission's findings. Our union has taken advantage of the excellent training and educational opportunity that the Ontario Federation of Labour program provided for our members. Because of this we feel responsible to comment on the irresponsible policies adopted by industry, with the aid 25 of government, as it relates to the horror story associated with asbestos.

30 While we mentioned in the early parts of our paper that asbestos health hazards were recognized eighty-two years ago, it has become clear that governments and their studies, commissions or committees who looked into the problem

MR HUNT: (cont'd.) only looked at the necessary conclusions that enabled the asbestos industry to prosper and proliferate.

Asbestos history shows that control by ventilation was tried, limits of exposure was tried and decreased as workers died and diseased bodies increased. Next came arguments that a little asbestos would not hurt, followed by "blue is dangerous, white is safe," which is just rhetoric. These are comments of industry-sponsored spokesmen. None of them considered the worker's life or that of his or her family.

Who knows how many citizens have been exposed? We would suggest the figure runs into the millions. The World Health Organization concluded that upwards of eighty percent of cancer deaths can be associated with the workplace and its environment. All of this because in the early twentieth century Commissions failed to recommend that the cessation of asbestos production would serve the public interest and nip the health hazard in the bud. The failure of past Commissions and studies to come to grips with this fundamental approach to the issue must not be repeated by this Royal Commission.

Therefore, we recommend the following:

1. That non-essential uses of asbestos be eliminated and replaced by proven safe substances, with the objective of phasing out all uses of asbestos within three to four years.
2. Workers displaced due to the elimination of asbestos mining or production of asbestos products be retrained and reimbursed for all lost wages and benefits.
3. That rate retention be mandatory where workers contract asbestos-related diseases and the rate to be indexed to the cost of living.

MR. HUNT: (cont'd.) 4. An Ontario register of asbestos-exposed people be set up and maintained.

5. The Commission notify all victims of their exposure, including those unaware that they have been exposed to asbestos.
6. The Commission list and publish the three thousand or so products that contain asbestos.
7. The Commission research and publish all substitutes for asbestos.
8. The Commission research products made of asbestos fibres which are so small that they are difficult to recognize by accepted measurement techniques.

Mr. Commissioner, we have endeavoured in all the foregoing to place before your Commission the concerns of our union on behalf of all our members, and indeed on behalf of all Ontario citizens. Our brief is not meant to be complete in detail as to all the effects of asbestos exposure to those workers and their families whom we represent, but hopefully what we have placed before you shows to your Commission our deep concern for a substantial and direct interest in the proceedings of your work.

Our union is in full support of the Ontario Federation of Labour's more comprehensive brief that has been submitted on behalf of all citizens of Ontario. The health of our generation and that of our children must not be sacrificed as has that of our forebears to profits of corporations.

Just a second footnote on page eleven there, our union has had the talc pulprotalc analyzed for asbestos content. The lab analyst suggested that the asbestos fibres evident in this talc were unusually small. The matter to be investigated, and we hope this Commission will do so, is whether

5 MR. HUNT: (cont'd.) manufacturers are producing products containing asbestos with asbestos fibres so small as not to be counted because of their minute size...in other words, less than the five microns in length that is to be measured by regulation.

Thank you.

DR. DUPRE: Thank you, Mr. Hunt.

MR. BJARNASON: Could I just say one more word?

10 DR. DUPRE: If you please, sir.

MR. BJARNASON: Our brief referred to the earlier brief that was presented by the Ontario Federation of Labour, which was a very comprehensive brief. We hope that the Commission has been or will seek the opportunity to become fully acquainted with the very excellent occupational health and safety training program which the OF of L has developed and conducted for the past two years. Our union has been one of its strongest boosters and has perhaps utilized its facilities more than any other union on a per capita basis. At this moment, the members of our delegation...all of whom are graduates of the four week training program...are themselves repeating the process. All of these delegates who are here on our delegation are presently giving the same course as the OF of L to hundreds of our members throughout the province, so that we will ensure that in the industry...sections of the industry we represent there will be more and more workers as qualified members of occupation health and safety committees to be able to police the workplace.

25 I am sure that they who are here could keep you over the weekend if you were to permit them to recount the experiences they have had both on the job, but also from the experiences of those they have been training.

30 We mention this program because we think that it is the key to making the workplace a safe and healthy one. Also, we do so because we wish to alert you that the program is in

5 MR. BJARNASON: (cont'd.) serious danger of being discontinued. It would be ridiculous if it wasn't so sad that the Ontario government thinks occupational health and safety is such a frill, such a luxury, that it doesn't warrant any grant or direct funding from general revenue.

10 It is being funded by monies from lotteries, and that is due to end next year. Is the asbestos problem going to end next year? Are all the toxic substances going to disappear next year? Is that really the view of the government?

15 We urge this Commission to make the strongest possible recommendation to the government to have the Ontario Federation of Labour occupational health and safety training program permanently funded so that it can expand its work and do the job which only it can do to ensure that the majority of the workers in this province eventually will come to understand health hazards and be able to police their places of work so that they will eventually become safe and healthy and we will not be having a series of Royal Commissions investigating one after another of the toxic substances which our members are still forced to work with.

20 As you heard from our brief, our recommendations are not intended to be comprehensive. In fact, I can abbreviate them even further and say that we think that your recommendations should be to order the cessation of mining of asbestos, stop the manufacturing of any products containing it, substitutes are being found and I'm certain that, just as with some of the other toxic substances when their use is restricted, substitutes are soon found.

30 We say look after those workers who have been subjected to the exposure to asbestos and are displaced because of that, and of course to look after their families when they pass away or have passed away. Make it retroactive, because as far as we are concerned, we have reached the point of no return and we call on this Commission to really, truly put the

MR. BJARNASON: (cont'd.) working people of this province, and all the people, ahead of the profits of the corporations engaged in this industry.

Thank you.

DR. DUPRE: Thank you indeed, Mr. Bjarnason.

Both your oral presentation and your written brief, on which I compliment you, offer any of a number of lines of questioning. Let me perhaps simply begin by pointing out that I personally found most instructive the examples that you give on pages six and seven of the brief concerning asbestos exposures that may be common in the electrical/electronics industry.

Now since my colleague, Dr. Uffen, has some familiarity with the wire and cable industry and so on, might I ask Dr. Uffen to lead off with some questions in this area.

DR. UFFEN: Yes. I would like to take advantage of your practical knowledge here and bring us up to date. I might as well start with the talc one you drew attention to.

Many years ago we used talc powder to keep the rubber insulation from sticking, so it had to be dry, there was no use making it wet. Is the talc now being used in precisely the same way for the same reason, or are there other reasons?

MR. HUNT: Yes, the same use.

DR. UFFEN: Could you describe just how this is done? Some people may think it's in a little room six square or...

MR. HUNT: Bruce, do you want to...?

MR. HARRIS: Yes...

DR. DUPRE: We'll need a microphone, please.

MR. HUNT: Bruce Harris from Peterborough.

MR. HARRIS: General Electric, Peterborough.

There are sort of like a washtub, if you would,

MR. HARRIS: (cont'd.) about five feet in diameter and the wire is put into the talc...the washtub is filled with talc and the wire is put through the talc in that...

DR. UFFEN: Dry? Dry talc?

MR. HARRIS: Dry, yes. And the talc is then scattered all over the floor and it goes up onto the beams and the crossmembers and it goes all over the worker also.

DR. UFFEN: At the present time is any dust control measure of any kind involved in the...do they call it the dust room? Or is there...?

MR. HARRIS: Oh, this was done right in the big building. There was no special room for that.

DR. UFFEN: No special room?

MR. HARRIS: No. I say was, because of course in Peterborough we are out of wire and cable now.

DR. UFFEN: Is it being done elsewhere in the province?

MR. HARRIS: I would think so, yes.

MR. BJARNASON: CGE just...

DR. DUPRE: Are you all right with the...

THE REPORTER: I think so. Perhaps...

DR. DUPRE: Yes, you are going to have to play tennis with the microphones at the table, if you don't mind.

MR. BJARNASON: Okay. I was just going to say that wire and cable was the first operation that was manufactured in Peterborough when Canadian General Electric came there in the latter part of the last century. Just in the last year they have decided to go out of this industry because they can't compete, if you can imagine it. It's the biggest electrical company in the world, but what they have done is bought out Correlli Wire and Cable and are transferring the operation to them. That's what Bruce was meaning.

DR. UFFEN: You said that you had the talc examined...I forget what the actual words...sampled or tested?

5 MR. HUNT: Yes. I had come upon the talc situation at another plant that we represent. It wasn't in this case specifically General Electric. I had asked a few questions because I could see, as Bruce has explained, it was spread all over the shop floor, he look down the plant and you could see that it was in the air. So we proceeded to have it analyzed. We sent it to a lab whom we trusted and I guess still 10 trust, but what had happened is I hadn't got the answer back very quickly so I phoned through to the lab and the analyst told me that yes, they had done a sampling, they had analyzed it and they were a bit concerned because the fibres seemed to be a lot smaller than what they had noticed in previous analyses, 15 and they were checking this out with the American standards people, ANSE, and they would get back to me. So lo and behold when this thing finally came to conclusion, the analyst that I was dealing with had moved on somewhere else and when I got the actual report, the written report through, it didn't really say what I had got over the telephone some number of 20 weeks previous.

So that's why I say we are concerned about it. It would seem to us that the possibility is there that asbestos fibre is being broken down too small that it will escape the accepted measurement techniques that are going to be placed 25 in the regulation.

DR. UFFEN: Would the results of those measurements be made available to us? You are the first ones to raise the talc question, which is something I think we should look into, and I think we would appreciate it if we could have access to that...

30 MR. HUNT: Yeah, well that's what I'm saying is the real information came via the telephone conversation.

5 MR. HUNT: (cont'd.) When I actually got the final typewritten document...it was from the University of Toronto...it just mentioned that the, according to the Department of Labour standards, it didn't really give us the true findings, but I will pass that letter that we have on to the Commission and maybe through your good powers you will be able to get the real results of that lab analysis. Because I don't think I got the real ones in the final analysis. I got the ones that were doctored up to suit the Ministry of Labour standards, not the real ones that the initial lab analysis brought forward.

But I will see that you get those.

DR. UFFEN: Can I go with some other questions?

DR. DUPRE: Please, yes.

15 DR. UFFEN: Could I ask a few more questions about wire and cable, and then I would like to go on to some other things that you are able to deal with.

Is asbestos still widely used as an electrical insulater in wire and cable?

20 MR. HARRIS: Not in the Peterborough plant. It was being phased out.

MR. HUNT: We seemed to...just a little further to that...we have been having fairly good success where we identify it to have it substituted with other things. But it's only...you have to identify it first. The companies are not moving in and identifying it for us.

25 DR. UFFEN: What about Philips Electric or Canada Wire and Cable or places like that? Do you know...?

30 MR. HUNT: Canada Wire and Cable went out of the asbestos-insulated wire in 1975, and the particular case, Workmen's Compensation case we are talking about in our brief, is out of Canada Wire and Cable and I truthfully believe that we'll have a number of more.

5 DR. UFFEN: In the handling of wire and cable, it was pointed out to us by previous groups, that it was necessary to handle, a few years ago anyway, directly, asbestos. Are your members using asbestos gloves to lead white cables and things like that, or has that been stopped?

10 MR. HUNT: Again, where we are able to bring the education down to the shop floor, invariably the members will go into the plant the next day and refuse to work with the asbestos gloves and the companies then will go out and buy the substitute, because there's all kind of substitutes for asbestos gloves.

15 But, you know, they are still using them in places until we get to the point of identifying the situations they are used in and it usually comes about as a result of an educational...and Mr. Bjarnason has mentioned...the educational program in their union. The people from the shop floor had an educational tonight, will recognize that now they are working with something that is hazardous and they'll go in the next day and check out their gloves and they find out they have asbestos in them, and they take action.

20 DR. UFFEN: Could I turn to another area where you represent machinists? I think you are the first ones to come before us that have a great deal of knowledge here. You mentioned brakes. I can remember an old shop where lots of brakes and things like that, but are there still the same kinds of brakes in a modern shop?

25 MR. HUNT: Well I don't know if we got too many modern machine shops. The machines that were there when you were familiar with them are probably the same machines that are there today, and that is one of the big concerns because they are continuously repaired so you have all your maintenance people involved, but you also have the operators and anyone that works in those general areas. In

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MR. HUNT: (cont'd.) some of these shops you may have a goodly number of machines and this again came to my attention about six months ago, again out of an educational, where one of the maintenance people said to me, well, you know, all of our machines have asbestos brakes on them. He said, you know, 'what should we be doing'?

DR. UFFEN: To what extent are you required... or do you know, to actually machine materials...ceramics, other materials...with asbestos fibre imbedded in it? I am thinking perhaps of bearings.

MR. CURRIE: I think the main concern we have on one part of it when you are speaking about brakes, for instance, in the plant I work in, Union Carbide, for instance, is full of dust and to add with it, but a lot of cranes have brakes. The brakes on the trolleys and this are over top, overhead of everything and they are open. When you are using, say, three cranes in a building, you use it quite extensively and they wear the brakes out and you get the asbestos from there falling down on workers that are working below...and also other ones. Most of them may have a screen protection around them so you can't get your fingers in, but it doesn't prevent the wear and tear and the dust coming off the brake shoes from getting into the air with proper...with fans that they have, or something, pushing it around in the building.

MR. HUNT: In answer to your question about working with asbestos that is contained in other types of materials, that is one of our big problems and I guess is one of the reasons for the recommendation that we had heard. No matter which piece of literature you pick up on asbestos, everyone keeps talking about the three thousand-or so products it's contained in, and the reason for our recommendation is for those to be identified. Then I may be able to answer your

MR. HUNT: (cont'd.) question better. That is one of our big problems.

5 DR. UFFEN: There is a high probability then that you will be actually machining...band saws, milling machines, shapers...this raises another kind of question that has come up in trying to determine whether there is excessive hazard, is that an inspector of some kind comes and makes a measurement.

10 I would like to know your views about the competence or the qualifications needed for an individual to know what to measure and where around your machines. I mean you can measure one end of a lathe or...have you any experience...?

MR. HUNT: Yes, all kinds.

15 MR. CURRIE: The first thing, subject you want to bring up on this is more or less measurements under the TLV, threshold limit values. I don't feel the threshold limit values are valuable at all. All I feel that they are there for is to eliminate the irritant so it don't bother you at the time. If you read the book that's put out on threshold limits from the States for this, they will tell you right there...and our OFL book...that there is no guarantees against diseases or anything else. All it is is it happens in the workplace, that is where your TLV starts in. They do it there, not from laboratories, and there is no guarantees of diseases or anything else on it. The only good thing I find out that I believe in is if you have a TLV, threshold limit value, on a substance, or asbestos, then it's only to eliminate the irritant. You should get rid of it and try something else.

25 To me, TLV's are only there to help so you can work in it without problems, and the inspectors have that to use only to by guides, that's all.

30 DR. UFFEN: Now under the new proposed regulations for Ontario, it's my understanding from what has been said to

5 DR. UFFEN: (cont'd.) us so far that if there was any dispute about the situation around a machine and you took it to one of your safety committees and there wasn't any agreement between workers and management, an outside inspector would come in and he would be an industrial hygienist. Have you any views about this procedure? Would an industrial hygienist be a satisfactory person to resolve such a dispute?

10 MR. HUNT: Yes, depending on...our big problem when the inspector is called in, whether it's the regular inspector...or in many cases we have had people from the occupational health branch come in who are hygienists...is again addressing the situation that Morley just spoke about. They come in and identify a toxic substance in the workplace, but the TLV is a hundred parts per million and their measurement is ninety-five, then they declare it safe. You know, ninety-nine is safe, a hundred and one is going to kill you, which is to us ridiculous. If you identify a toxic substance in the workplace it should be controlled.

20 First of all, substitute it if you can, but certainly if it can't be substituted then the regulations of the Act as it stands now, regulation 145 shall be applied. But what we are finding is the government is hiding behind the threshold limit values, which are in themselves guidelines. They are not even laws in Ontario at this point. But they will hide behind those guidelines and refuse to issue any orders in that workplace.

25 We have recently come through this situation where the only way it was resolved, the workers themselves designed a better way of doing the job that didn't require the toxic substance. In this case it wasn't asbestos, but it was a toxic substance. They themselves designed the toxic substance right out of the workplace, so the question still

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5 MR. HUNT: (cont'd.) had to be answered,
was an interpretation of what regulation 145 meant, which is
the toxic substance regulation. That was last August. I
think it was January 20th of this year, I received an
interpretation from the legal branch of the Ministry of
Labour, signed by Dr. Robinson, which was even a worse
interpretation than I thought any sane person could put on that
regulation, because they basically came out and said unless
you can prove physical harm...it was our responsibility to
10 prove physical harm before they would institute regulation 145.
To us, again, we can't appeal that because it's a final
decision, but we certainly have commented on it and called it
for what it was, because our position is if you have
identified toxic substance then something has got to be done
about it - preferably substitution. But certainly you don't
15 just deny the fact that it's there up until it exceeds the
threshold limit values, because what may be safe in the
morning may be dangerous in the afternoon and it would entail
the ministry keeping a twenty-four hour watch on the workplace
in order to really monitor the workplace. That's ridiculous,
20 too. We know that can't be done, so you know, if you identify
it, you've got to do something about it.

DR. DUPRE: Ms. MacDonald, did you have a
comment about the industrial hygienists?

MS. MacDONALD: No.

DR. DUPRE: No? All right, sorry.

25 MR. CURRIE: Excuse me, for a question I
would like to...

DR. DUPRE: Please, Mr. Currie.

MR. CURRIE: Something I would like to bring up
is on the TLV's that bother me more than anything...under the
occupational safety and health, you have a right to refuse
30 work. If they use the TLV system and you refuse that work

5 MR. CURRIE: (cont'd.) and they shut it down, most of the fibres will calm down because your machines are not working and flying it all over. The hygienist could come in and check it then, and the stuff isn't in the air where you were actually working at the time when you refused, so he can in turn say that it is all right now, where you really don't have a true judgement of what was in the air at all. Because...sometimes it will take up to three hours for them to come in.

10 MS. MacDONALD: The only comment that I would have on the industrial hygienists, we did have one experience but it wasn't on asbestos. We work with vinyl chloride.

15 They went to great lengths to tell us all the fumes that came off, but they absolutely refused to tell us what we already knew, that two of those gases would together form other substances, and they would not admit that other substances are caused by the mixture of other substances that alone might be not harmful. That's the big problem that we came across with industrial hygienists. We only seem to get one answer, but they don't go the whole way and give you the whole picture.

20 DR. UFFEN: I think quite a significant point has just been made here and I'll just make sure that I've got it straight so that it's not lost. I believe you made the point just now that if a measurement is going to be made, it should be made under working conditions, not ...

25 MR. BJARNASON: Normal.

DR. UFFEN: Normal working conditions...not at a lunch break or a coffee break, or something.

MS. MacDONALD: Yes.

DR. UFFEN: All right. We don't want to escape that point.

30 MR. HUNT: The one I thought you were going to make, and seeing as you didn't, I will, is that what Sheelagh

5 MR. HUNT: (cont'd.) is saying is that the industrial hygienist will come into the workplace and will only offer the amount of information to the health and safety committee member or whoever happens to be accompanying them, up to the point that he feels that you know about. He or she will not go beyond that and say that, 'I hope you people recognize that this chemical you are using over here, if it comes into contact with this substance over here, that you have something potentially a lot more dangerous than either on their own'.

10 So everything you are successful in doing, you have to do it because of the fact that you bring the information forward, you identify it, you bring it forward. They don't go into that realm of the responsibility of instructing you and letting you know exactly what you are working with.

15 DR. UFFEN: Did you have a specific incident or example in mind about this chemical combination?

20 MR. HUNT: Yes. Well, in the case that Sheelagh had mentioned, there was a situation where hydrochloric acid and formaldehyde could have come together and formed BCME, BIS (chloromethyl) ether, and they were not informed about it. Sheelagh knew about it because of her experience in taking the OF of L health and safety training program. She was aware, and it was her that brought it up to the inspector, who then readily agreed that yes, that was a dangerous situation. But it should have been the other way around. That's what we are saying.

25 MR. BJARNASON: One of the points we have tried to make in both my remarks and the brief was that we think the initiative should come from those in authority. It shouldn't be on those with the least opportunity to have knowledge of these things to...just as Sheelagh done

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5 MR. BJARNASON: (cont'd.) and many of the others here...initiate something because they happen to have the advantage of a four week training course. But of the eight hundred thousand members of the unions affiliated to the Ontario Federation of Labour, only some three or four hundred have had the course. You've got ten of them in this room. What about all the other people who wouldn't be able to ask a question like Sheelagh did?

10 So what we are saying is that the knowledge which the experts have should be pouring out to those who are subjected to the toxic conditions, not the initiative being required on the...the other way. Just as the tragic story of asbestos has been since 1899.

15 DR. DUPRE: Could I diversify now into another line of questioning, if you permit me?

20 Would you or any of your colleagues, Mr. Bjarnason, care to comment on your experience with the internal management approach and the labour/management health and safety committees that Bill 70 has provided for? Of course, we have had any of a number of comments, both favourable and unfavourable, made about this by other parties that have appeared before us, but we would welcome some views on all this.

25 MR. HUNT: Well, I could give you just an overview because in my responsibilities I do get feedback from all of our plants, and it can be summed up, simply put, that the internal responsibility system is not working. We have concluded, not at our meeting this morning, because the group that's here were participating in the health and safety seminar at our national office in Toronto, which we have four times a year, to get feedback on what's happening in our union and in our industries, that I don't think the internal responsibility system was ever intended to work.

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5 MR. HUNT: (cont'd.) It's there, we had the documents, we have reproduced them and put the internal responsibility document as sent by the Ministry of Labour in the hands of every one of our health and safety committee members, and they just cannot get that sytem to work. So when a system like that breaks down, you call in the inspectors and you say to the inspectors, well, this is your document, you are going to enforce it. You just can't get it to work. 10 It's just frustrating and to the point where what we are finding is some of our real good people that we have trained in health and safety in our organization are calling me up on the phone and saying, Ed, I just can't take no more, it's just complete frustration.

15 That's unfortunate, but that's happening in my experiences, and I sort of get the pulse of everyone in our organization.

20 But maybe some of the other members of our delegation have some shop floor experiences or actual occurrences that have happened in regards to the new legislation since it came in.

MR. PICKUP: My name is Pickup, Mr. Pickup.

DR. DUPRE: Please. Mr. Pickup, yes.

MR. PICKUP: From Stoney Creek.

25 In the fall of last year, or in fact late summer, the company brought in outside consultants to do ventilation tests within the plant. In December of that year, of last year, a document was given to the company from this consulting firm making certain recommendations to the upgrading of the ventilation within the plant, for the health of the workers.

30 On a basis of once a week, I requested that document, to know what's in that document, to the workers

MR. PICKUP: (cont'd.) in that plant know what's in that document, and the company have just totally refused to show any part of it at all.

5 Last week the company had their objectives for 1981. In main in 1981, one of the objectives is to implement the recommendations to the ventilation system.

The question is: What are those recommendations? How far as they going with them? Do they meet the requirements that the workers need?

10 Until we get some answers, this internal responsibility just isn't working.

15 We have a hundred and seventy-five chemicals in that plant. What they consider making available information, they leave it in a foreman's office and the worker is expected to ask for information. That information isn't being passed to the committees. It's supposed to be an equal representation, we are both equally responsible for the workplace, but we are not getting that equal responsibility because they just refuse to hand the information that they do have...and they are the only ones that have the information. They go out and buy the chemicals, they go and introduce them into the workplace. They just don't give us any information. We've got to go dig, and search and look for it, and it's their responsibility to hand it over, because it's there.

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25 MR.HARRIS: Before Christmas, I instituted some tests to be done by the industrial hygienist in the carboloy grinding room. We did the tests, it took quite a bit of arguing through most of the fall of the year to get the tests started. I went on holiday between Christmas and New Year's and I figured we would have the results back by just after New Year's, and when I went looking for them the test samples were still on his desk.

30 To this moment they haven't come back yet. We

MR. HARRIS: (cont'd.) don't have the results.

When we get the results we could get into further delays with more testing. Then those samples will have to be sent away. This testing business could go on for this time next year, and if we should find out then that we need to update the ventilating system, then we would have to get into a great cost factor. That argument can go on and on and on.

In this particular area there is a latency period of about ten to twelve years. We have a young group of men in that area and some of them now have been in the plant five to six years. So in another five years or so, we can start to look forward to respiratory problems out of that area...if my suspicions are correct. If they are not, of course, that's another thing.

DR. MUSTARD: Can I pursue this a bit further, bringing it back to the subject of asbestos in particular?

I got the impression that you have done a fairly good job of educating your work force in recognition of asbestos. At least you are working on it. I also get the impression that when you identify asbestos in a plant, you thus far have been successful in getting management to make an adjustment, is that right?

MR. HUNT: Correct.

DR. MUSTARD: Do you do that through the joint committees?

MR. HUNT: Normally it's done through refusal to continue to work with the asbestos, or refusal to wear the gloves or the aprons. We have had situations with gloves where we had to go right through to the Ministry of Labour and get a legal interpretation, which came down in our favour and then because of that, the workers were able to get the gloves.

DR. MUSTARD: I guess what I'm trying to get at, we had blanket statements that joint committees do not work,

5 DR. MUSTARD: (cont'd.) but also your colleagues,
the United Steelworkers, were here last night and they gave some
examples of places where things really were working, which was
interesting to learn about. I just wonder if, in your situation,
there are some actual examples where the combination of
management and labour has really been able to make it work,
and I'm particularly concerned about asbestos and concerned
about if there is still any use of asbestos in your industry,
10 and the specific thing I am referring to...we were given a
story about a mine last night where indeed the joint committees
are in place, the flow of information is in place and the
record keeping is in place about the workers' health, and I
must say it was very impressive to hear that story. Do you
have any stories like that in the industry with which you work?

15 MR. BJARNASON: Well, let me maybe turn that
the other way around first. Because we have been campaigning
for thirty years to get this type of legislation, and without
much success, and because we have found with many of the large
companies that they have felt that safety and health, contrary
to the recommendations of all previous Royal Commissions,
20 including those on compensation, they have said that safety
is the responsibility of management and a plague on your house,
you can squawk if you want, put in a grievance. So, our
position in trying to get Bill 139 changed over to Bill 70,
was that we wanted safety put in the hands of the employees,
not joint committees, because the other side had had it all
25 these years and been the obstruction to safety. We didn't
think we should now be sort of paired up in a very unequal
way with those who have all the information and all the money
and all the authority and supposedly meet as equals on the
question of safety, which bears most directly on us, not on
30 them.

However, we were not successful either with

MR. BJARNASON: (cont'd.) the government or with the rest of the labour movement, I might say. Most of the unions felt that joint safety and health committees were the answer.

Well, to give a couple of examples, the biggest electrical company, General Electric, where Bruce works and he has just given you an example of carboloy, we in General Electric... of course they have such a wide field...we have problems there in the nuclear field as well, and so on. They were one of those who absolutely refused to recognize the union's role in safety until the law came along, and then they were the most exuberant. They just felt that this was the real answer and they went right overboard to set these committees up.

But, as Bruce has just told you, they still want to run them their way and they want a committee consisting of two elephants and two fleas, you know, if they could get away with it.

Well, they can't, very effectively, but that's because we are training our members to know the Act and know what they can do.

But the second biggest company, Westinghouse, is the same. We are in battle with them continuously on safety matters. John here comes from a splitoff of Westinghouse, Webco, and we could go on and on and on explaining that we are not finding many companies...I shouldn't, don't want to exaggerate...there are a few smaller companies...not necessarily just one man operations or personally operated, you know, by private individuals, there are two or three corporations I can think of which...where the management takes a personal interest in safety and actually ...

DR. MUSTARD: Could you name those firms?

MR. BJARNASON: No, I don't want to. They are liable to turn around and go the other way.

DR. UFFEN: Could you classify them? Would they

DR. UFFEN: (cont'd.) by any chance be connected with the micro-electronics rather than with the wire and cable?

5 MR. BJARNASON: Well, they are smaller operations, the ones I'm thinking of, of less than a hundred people where the manager can walk through and knows everybody by name and it's kind of a family setup like that. But most of the companies we deal with are multinationals and the corporate head office determines even their policies of occupational safety and health, because as you know, the biggest problem 10 we've had with it from day one is, 'it's a cost, it's a cost, it's a cost', and therefore we can't see how joint safety and health committees can work easily since the main basis of the problem is cost, any more than we can sit down and negotiate all our agreements without a strike weapon.

15 DR. MUSTARD: Have you taken any of the problems which you have had in getting committees to work effectively, by your criteria, to the Ministry of Labour?

20 MR. PICKUP: Yes. On two occasions we have been in that situation...one not long ago and the inspector came in, and I explained to him that the committee was not set up in accordance with the Occupational Health and Safety Act. The inspector went away into a room with the personnel manager, I didn't see them for an hour or so, and they came out and said, okay, we'll solve this problem, etc., etc.

25 A month later, unilaterally, they enforced a safety committee of their standing and we had no input at that point.

30 Last month I wrote away to White, Duncan White, I believe he's called, in St. Catherines...he is the manager of the occupational health and safety down there... Ministry of Labour, and McNair in Toronto. I've yet to receive a reply. So...well, two weeks ago.

DR. MUSTARD: I think I should say that

5 DR. MUSTARD: (cont'd.) yesterday in our meeting with the Ministry of Labour, it was certainly my impression that the deputy minister stated quite clearly to us..and the chairman can correct me if my quotation is too far off... that indeed if there were situations which were not being effectively resolved to get joint committees working, he was anxious to know about it.

10 MR. HUNT: Just on that, Dr. Mustard, I also sit on the Ontario Federation of Labour health and safety committee, and we did have meetings with the Ministry of Labour, Mr. McNair, and they do try to indicate that everything is hunky dory in the health and safety committee field, and I think we gave them a goodly number of situations to show otherwise.

15 On that question, you know, you can bring them in and I've sat in, I suppose, a dozen meetings since the new legislation, with different groups of people but the Ministry people involved, and sure, they talk a good piece, but when you go back and try to put that into place in the workplace and are not successful and you call them in to, you know, to come forth now and put into action what they told us when we were sitting in their offices, wherever the office may be...they are just not there. They are found wanting, and drastically so.

20 DR. MUSTARD: I see. Could I just take a slightly different other line of questioning, and to do this I need to know one thing. Which of the safety associations is your industry largely associated with? IAPA, or...?

25 MR. HUNT: It would be IAPA, yes.

30 DR. MUSTARD: One of the, as I listen to this story, one of the intriguing things to me is that the Workmen's Compensation Act, I believe, allows for money to be collected

5 DR. MUSTARD: (cont'd.) from industries which are willing to take part in prevention, to be put into the safety associations whose role is prevention. The...looking back over the history and philosophy of that, that was to help the workers have prevention in the workplace. Indeed, I understand they run programs of education and training, etc., in a system.

Have the safety associations been any help to you in terms of educating the members of your union, in terms of occupational health hazards?

10 MR. HUNT: No. It's very interesting you should bring something like this up. We would like a little piece of that sixteen million dollars that the associations get from the WCB to do exactly as Mr. Bjarnason mentioned in his contribution, support for a program which is truly doing something for the working people in Ontario, the OF of L health and safety program. Because the associations, let's face it, if they are now jumping on the bandwagon of trying to indicate that they are interested in health and safety of the workers in the workplaces, it's only in the last number of years, specifically since 1978, because they have seen what the trade union movement through the OF of L were beginning to do and they, and they were sensing of someone was going to take some of their action, because previous to that they are known...at least I call them a front organization for the corporation, and I don't say that lightly. I have in my files at least ten speeches made by people like Mr. Findlay and what have you, that it's very obvious that they are out doing something for the corporation. Statements like, You should keep records of all of this because you are going to need this somewhere down the road when the workers try to fight their compensation cases, and statements like these. It's very obvious to me who they are protecting, and it's certainly not the worker in the workplace. If the worker gets it, it's indirectly. They are looking after the interests of

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MR. HUNT: (cont'd.) the corporations they represent.

5 DR. MUSTARD: So the Ontario Federation of Labour program then, one might say, is a parallel program to give safety and health education to workers? In a sense we have two, one of which is funded by supposed tax on industry to support it, which you get no direct access to the funds, and the other is you are funded from the lottery funds, is that correct?

10 MR. BJARNASON: Right. They are parallel, but they are in the opposite directions.

DR. MUSTARD: Well, in a sense you are trying to...I presume the goals might be the same - prevention in the field...

15 MR. BJARNASON: No, no, no.

16 DR. MUSTARD: Well, philosophically the Workmen's Compensation spells this out, the goal of prevention. Now whether they do it or not is another question.

20 Can I ask you a question in terms of this whole field then? Could you conceive of...would you consider it better to maintain a separate labour organization concerned with education of workers and occupational health and safety and identification of products and things like that, that thrust? I think that's the tone of what your message was in terms of the safety committees, is that right?

25 MR. BJARNASON: Exactly, exactly. Because, you see, so long as we have...and I don't want to get into politics, but an adversarial system, as it's called, in collective bargaining and everything else, there are two sides of the coin. So long as that exists there are two interests and they don't coincide. In fact, in our view they are diametrically opposite in the sense, as I was mentioning earlier, about the cost. As 30 Ed was saying, the money that the IAPA is spending on so-called education, if you monitor their television ads I would bet

5 MR. BJARNASON: (cont'd.) you money that three-quarters of them show the worker at fault. In other words, it's not...they don't show them in terms of what is the objective situation of toxic substances or something like that. It's the guy who puts the ladder up without seeing that the footing is proper and so he falls and hurts himself. Is that safety education? That is putting the onus on the worker everytime that it is his fault.

10 You asked about IAPA and whether they do an educational job. I tried fifteen years ago to get one of the biggest companies in this industry in Canada to recognize a union safety and health committee. They absolutely refused, but what they used to do every year was send a group of workers chosen by them, send them to the IAPA training school. And every year at the IAPA wing-ding, I have forgotten what they call it, 15 at the Royal York, they have a three-day affair which is, in some respects, educational because they do bring in some experts, but they also do a hell of a lot of socializing and drinking and wining and dining and banqueting, and so they bring in a few workers to show that they have both sides at heart.

20 Well, I challenged the company once and I said look, if you think that they are doing such a good job, I would like to know and I would like to experience it. Can you arrange that I could take the course? They said, sure. So I went and took the course personally. Frankly, I came away there, with all the tons of books and whatnot, and graduated with 25 honors, I think, but I was convinced thoroughly that if only the workers would wear safety shoes and wear safety glasses and stay within the orange or whatever color they chose, yellow lines, and they wouldn't run in the parking lot and they would follow all the rules that the company laid down that there would be an almost complete abolition of accidents and problems in the 30 workplace. And that was what I learned from the IAPA, and I

MR. BJARNASON: (cont'd.) have heard nothing or seen nothing in the last fifteen years to convince me that they have changed one iota.

5 DR. MUSTARD: So they have not had a constructive program from the standpoint of asbestos?

MR. BJARNASON: No.

10 DR. MUSTARD: Can I ask another question, a final question? What are you doing about trying to ensure that there are records on members of the work force that you represent, in terms of exposure to asbestos?

MR. BJARNASON: Sheelagh would like to give an answer to the IAPA thing and then I'll answer that.

15 MS. MacDONALD: I would like to answer that because I took one of the first training courses with the OFL, and that time, unbeknownst to us when we started to take the course, there was a member of the IAPA who took the course with us. We were not informed until we started the course that this person was there, and right after that course was when the IAPA booklet went out to all the companies, to management, telling them how to deal with workers who were going to abuse Bill 70.

20 I wrote a very strong letter of protest about the fact that this person had taken this course, because it was only to see what we were going to learn and I guess to keep us in our place when we hadn't had even enough opportunity at that time to even learn the Act as it stood. But already the book had gone out, and Brother Currie here had gone down to the IAPA book store, or

25 whatever it is, and there were a few paragraphs in there on how to deal with radical workers, etc., and when he went in, they were all taken out of the racks and a new stamp, a new piece was put over that dealt with safety shoes or something so that we wouldn't see what had been written underneath. But

30 unfortunately, he, being bigger than the person, got one, a couple of the books. I felt that that was a very underhanded way of

5 MS. MacDONALD: (cont'd.) doing things and it certainly didn't do anything for us because it inhibited a lot of discussion that went on because we didn't know how far we could go without it being taken wrongly. We were workers who were trying to learn so that we could help other workers.

10 MR. HUNT: So, Dr. Mustard, what we are attempting to do and what I am recommending all of our membership to do, not just with asbestos, is we do have wills, we make out wills supposedly if we are going to look after our estate or what have you after we pass on, and I have been recommending that every worker, not just in our organization, compose their occupational exposure history and identify as best they can every job they did, every process they worked with, every chemical or substance they worked with, on that exposure record, because it's a lot easier to do that now than when
15 the asbestosis or lung cancers or the mesotheliomas hit them twenty or twenty-five years from now, to remember that in the years 1965 to 1980 they worked with asbestos-covered wire. So that's...I think maybe answers your question if we are asking...

20 DR. MUSTARD: But you don't have a strategy for identifying workers that were exposed, that you know about, and keeping a log of that?

25 MR. HUNT: Well, we are hoping that that will be part and parcel of that. We are...say in Canada Wire and Cable, have identified and documented all of our people that...

DR. MUSTARD: They have?

MR. HUNT: Yes, yes. That's why I say, that's why we are fairly certain that in that industry we will have more cancers.

30 MR. BALL: I'm John Ball, Peterborough. I am a member of the safety committee in Peterborough, have been since the inception of Bill 139. Regarding the keeping of records on

5 MR. BALL: (cont'd.) our people, when we first
went into the health and safety committee we were nominated and
elected by the executive of the union, incidentally. One of
the first things that we agreed among the three of us from
Peterborough, and with the sanction of the executive, was that
we should start keeping track of people who got sick and trying
to find out their work history and trying to pin down...like we
know that people are getting hurt by certain chemicals. We are
certainly not medical people, we can't prove it, but we thought
10 perhaps if we accumulated enough information over the years
that we would at least make it very embarrassing for the company,
and maybe with that much backing or that much...well, with that
much record we could embarrass the company if we had to through
newspapers or whatever, into actually doing something for us.

15 The company got very, very upset when they found
out we intended to do this. There were numerous threats. These
come daily, as a matter of fact, from Canadian General Electric.
They do not like what we are doing, they feel that we have
no business keeping records on anyone or on their proceedings
in the plant, that's their sacred ground type of thing.

20 Well, we were put into place because we are a
bit hard to deter. When we were chosen, we were chosen for...
that was one of the reasons. We're a very stubborn group and
through the help of the OF of L training, we have managed to
do...well, not a professional job of it, but we are making
25 headway. Some of the information we have already gathered is
beginning to look rather incriminating.

30 The farther we go, the more money the company is
spending. They now have a doctor who is almost full-time in
the plant. This plant employs approximately five thousand
people. The doctor is taking medical records, the latest one
I got last week was on polychlorinated biphenyls, which are
no longer in the plant, officially. It's soaked into the floor

MR. BALL: (cot'd.) and probably you would have to take out six feet of concrete or earth or whatever, in order to get rid of it. We know it's still there.

5 But anyhow, he is right now in the process of doing a work history on all the people that worked with PCBs.

10 Incidentally, the same people worked with mercury, and just as late as Thursday he happened to mention that. He said, you know it's strange, the people that worked with PCBs have already had them as being recorded as mercury workers as well.

15 Now, what is rather distressing to us, the company has this information, even though the doctor swears up and down that his medical records, by his medical ethics, will be privy to him and to the nurses in the safety of the plant. We know that that company owns everything on that property and if Dr. Curtis were to leave Monday, either quit or be terminated by the company, we wonder where those records will wind up and whether the company has access to them. We as a union, who are in the position to help these people, are denied this sort of access. What we are doing on our own...it's pretty difficult for people who are in no way medically trained...we have questionnaires that we use, we are just stumbling along almost in the dark, and we hope to be able to train younger and better people than us to do a better job than we are, and that's what we are in the process of doing now. It may take us quite a few years to get someone professional enough to really do a good job, an epidemiological survey in the area, but it does seem rather strange to us that even though the health and safety legislation says that we have access and will be afforded any information that we need in order to do our job, in order to protect the health and safety of the people, we are denied this sort of information.

30 We have asked and said, look, would you give us

5 MR. BALL: (cont'd.) just the facts, never mind the names, give us numbers and how many people are affected and, you know, how many people die of the types of illnesses that could be related to the types of chemicals or processes that they work with.

10 To date we have a pretty good working association with Dr. Curtis, who is our company doctor, and we don't know how long this will operate. GE is very strong. I mean, like they say it's one of the largest electrical companies in the world...

MR. HUNT: The largest.

15 MR. BALL: ...and Dr. Curtis is standing on his medical ethics to date, and we feel he is doing very well. How long he will be able to stand on his ethics, we are not too sure.

20 Meanwhile, he tells us, well I can't give you that information. Well, we say we don't want the person's name, we recognize your liabilities under the medical code, but could you give us the information that would at least let us head in a certain direction? To date, we haven't got that and like I say, we are trying to get it ourselves, but it's quite a job.

DR. DUPRE: I think Dr. Uffen has a followup, Mr. Ball.

25 DR. UFFEN: Yes. I would guess there is a fairly good probability that those records will either, be computerized and end up in some kind of a data bank. Do you have any views about who should have access or how access should be controlled to the occupational exposure histories of individual workers?

30 MR. BALL: My own personal feelings are that at best we are certainly not qualified to read that information and to make a proper assessment, but with the funds available, say through the OF of L, and say as, we did have a doctor with the OF of L who we felt...he was specializing in industrial

5 MR. BALL: (cont'd.) medicine. He, plus some
other people, would very probably be qualified to assess the
information coming out of there, and certainly, they being in
the medical profession, would be under that hood, you know,
where they could deal with that information, even names if
necessary. They don't have to pass them on to us. We know
when one of our buddies dies of cancer, such as one of my
people died here just before Christmas, but what we need is
the broad spectrum, because that's what proves the problems you
10 have in a plant. You've got so many people that worked in a
certain area, and you've got an incidence of a type of lung
cancer that probably is related to the type of chemical that
they worked with. In my idea, we need someone in the labour
movement that we can relate to. It's all right for the company
to bring in a doctor and they pay his wages...and believe me,
15 General Electric, when they hire someone, you do as they say.
I give Dr. Curtis a lot of credit. He has bucked the company
and he has surprised us. We didn't expect that he would stand
up to the company even, you know, to date. He surprised us,
there's no two ways about it, and we wonder how long he's going
20 to last, because when you stand up to a company like Canadian
General Electric, if you embarrass them, your days are numbered,
believe me. Dr. Curtis has no union to back him up. If he
got fired, he's out, that's it.

25 With me, I've been threatened to be fired, I've
lost track of how many times, because of my activities regarding
collecting information on these people, medical information.
All of us have been threatened numerous times, we've got
interview reports which I've got enough to paper a fair-sized
room now, and we don't mind this sort of intimidation or threats
by the company, we expect it as a part of our job, but again,
30 we expect that the information that the company is gleaning from
our members, we'll never get to see it. Like in the asbestos
industry, which we are here primarily to talk about it, we are

5 MR. BALL: (cont'd.) afraid that they will hide the very information that we need to help ourselves, and we just don't know how we are going to stop this other than the fact that we should have someone inside the labour movement who is funded, who is capable of looking after this end of it for us.

DR. DUPRE: Any further questions? Mr. Laskin?

10 Could I just ask one last question? That Canada Wire and Cable WCB case that you referred to at the bottom of page seven, is this something that you wound up being successful on only on appeal, or...?

MR. HUNT: Yeah. Yes, it was presented before the appeal adjudicator and was successful.

15 DR. DUPRE: I see. Could you tell us the nature of the case? Because as you put it here, this is an instance in which, I gather, there was both a disability pension and survivor benefits?

MR. HUNT: Yes. The worker was dead four years when the case was brought to our attention, and we had had to go back...

20 DR. DUPRE: Oh, he had never had disability benefits?

MR. HUNT: No.

DR. DUPRE: I see.

MR. HUNT: He, in fact, was not even a member of our union at the time that he died. He had been promoted to a supervisory position...

25 DR. DUPRE: I see.

30 MR. HUNT: ...and his widow became suspicious because she received a visit from the Workmen's Compensation Board investigator, that asked some questions that made her start to scratch her head and from that, was put in contact with our union and we took up the case, and went back and researched, did an occupational history on the deceased worker,

5 MR. HUNT: (cont'd.) were able to talk to
fellow workmates of his that had eye-witness testimony to
present to the Board on his behalf, along with the fact that we
did a complete medical interview with his wife to put the record
straight on what type of a man he was, all of his habits, even
to the fact that she did look after his fingernails and had
noticed that he had, you know, come down with this funny
condition of his fingertips which we were able to identify,
10 through again medical records, as being club finger. All of
that was presented to the Board at the appeal adjudicator
level and we were successful in achieving all of the past,
you know, retroactive benefits that she was entitled to,
plus she is now receiving four hundred and ten dollars per
month pension from the Workmen's Compensation Board.

15 DR. DUPRE: What was the cause of death
that the board accepted?

MR. HUNT: Ademocarcinoma.

DR. DUPRE: Thank you.

20 Well, there being no further questions, may I
please thank you all...Ms. MacDonald, Mr. Hunt, Mr. Bjarnason,
gentlemen, for being with us this afternoon, and may I
particularly thank you for what I understand was a last-minute
shift in schedule. It has been certainly very marvellous to
accommodate the Commission as a whole, and it's Kingston
member in particular.

25 Thank you again very much.

We are now adjourned until further notice.

THE INQUIRY ADJOURNED

THE FOREGOING WAS PREPARED
FROM THE TAPED RECORDINGS
OF THE INQUIRY PROCEEDINGS

Edwina Macht
EDWINA MACHT

